

San Carlos Unified School District
Registration School Year 2014-2015

[] Secondary School (928)475-2378
[] Rice Elementary (928) 475-4836/2315
[] Alternative School (928) 475-5538

ENROLLMENT PACKET INFORMATION:

Documents needed for enrollment:

- ☐ **Certified Birth Certificate**
- ☐ **Updated Immunization Record**
- ☐ **Certificate of Indian Blood (CIB) or Tribal Enrollment Card**

Additional Forms Required

- ☐ **Withdrawal Form from previous school attended**

Parent must submit within 30 days all necessary documents for enrollment.

Enrollment (classroom/course assignment) will be implemented after transcripts have been evaluated and proper academic program is developed for child.

Student Name: _____
First M-Initials Last

Grade Gender Date of Birth Home Phone Number

Mailing Address: _____ **CITY/STATE** _____ **ZIP** _____

Physical Address: _____ **Where:** ☐ Peridot ☐ Gilson ☐ Seven Mile ☐ Bylas

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? _____

Has student ever received *Special Education Services* (i.e. Speech, Self-contained) ☐ YES ☐ NO

Is there a current IEP for this student? ☐ Yes ☐ No

Has this student received any of the following services: () ELL/ESL () 504 Plan

NAMES OF OTHER BROTHER/SISTER ATTENDING SCUSD: _____

FEDERAL ETHNICITY: Is the student Hispanic or Latino? ☐ Yes ☐ NO *(Must choose at least one from below)*

FEDERAL RACE: ☐ WHITE ☐ BLACK OR AFRICAN AMERICAN ☐ AMERICAN INDIAN OR ALASKA NATIVE
☐ ASIAN ☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

Legal Guardian: _____ ☐ FATHER ☐ GUARDIAN ☐ STEPFATHER ☐ FOSTER FATHER ☐ OTHER

MAILING ADDRESS: _____ **HOME PHONE:** _____

EMPLOYER: _____ **WORK PHONE:** _____

EMAIL : _____

Legal Guardian: _____ ☐ MOTHER ☐ GUARDIAN ☐ STEPMOTHER ☐ FOSTER MOTHER ☐ OTHER

MAILING ADDRESS: _____ **HOME PHONE:** _____

EMPLOYER: _____ **WORK PHONE:** _____

EMAIL : _____

IMPORTANT: STUDENTS UNDER 18 YEARS LIVING WITH A GUARDIAN PAPERS MUST BE SUBMITTED AT REGISTRATION.

Name of Last School Attended: _____ **Withdrawal Date:** _____

Address: _____ **Phone:** _____

EMERGENCY CONTACTS – PLEASE LIST CONTACTS OTHER THAN PARENT/GUARDIANS-WORKING PHONE ONLY

(Authorized to check out, pick up, or assume responsibility for student if parents are not available)

1st Contact: _____
Name Phone Home-physical location Relationship to Child

2nd Contact: _____
Name Phone Home-physical location Relationship to Child

LEGAL GUARDIAN SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY:

Referral to Principal Date & Initial:

Received Date/Initials:

APPROVAL DATE:

SMS Input by & date:

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: *Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.*

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

<input type="checkbox"/> Federally Recognized Including Alaska Native	<input type="checkbox"/> State Recognized	<input type="checkbox"/> Terminated	<input type="checkbox"/> Organized Indian Group Meeting #5 of the Definition Above
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Name of individual with tribal membership:

Individual named is (check one): ☐ Child ☐ Child's Parent ☐ Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ **OR**

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ **DATE** _____

Mailing Address _____ **Telephone** _____



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 Name: _____

Teacher: _____

San Carlos School District No. 20
Health Office Information **SY 2014/2015**

Here at the San Carlos School District we try to provide a safe environment for the students and staff, often basic first aid is practiced to ensure the safety of our students and staff.

Arizona State Law prohibits us from treating any condition without written permission from the parents and/or guardians.

The health office staff will contact you in cases that require your child to be sent home.

The following list of over-the-counter medications that will be provided to your child if needed after assessment on his/her symptoms upon visits to the health office:

Tylenol (headaches/fever)

Ora-gel/Ambesol (toothaches)

Hand lotion

Benadryl Cream (skin irritations)

Saline eye wash

Saline eye drops

Bacitracin (cuts/sores)

Lice Shampoo (individual basis)

Information of medical history or past health incidences would be helpful in providing the best care for your child:

Seasonal Allergies Y ☐ N ☐

Heart Conditions Y ☐ N ☐

Seizures Y ☐ N ☐

Ear Infections Y ☐ N ☐

Vision Problems Y ☐ N ☐

Hearing Problems Y ☐ N ☐

Asthma Y ☐ N ☐

Chicken Pox Y ☐ N ☐

Explain further conditions:

MEDICATION/FOOD ALLERGY/OTHER ALLERGIES:

DOES YOUR CHILD TAKE MEDICATION DAILY? ____ YES ____ NO

If your child requires medication during school hours, you must see the SCHOOL NURSE to sign a permission form; your child will not be given medication until the medication consent is signed.

I, _____ give permission for my child to receive from the School Nurse/Health Aide, first aid care or any of the medications listed above, and/or call the local Emergency Medical Transport service for my child in case of an emergency while attending school during school hours.

Signature: _____ Phone#: _____

Other Emergency Contact Name and Number: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

**CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON
WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD**

(Before completing this form, please read information on reverse side.)

Name of Student: _____ **Birth Date:** _____

**I We), _____
Have read the Consent Form for the Indian Health to arrange for or to provide the following health service for this child:**

1. Health care including medical examinations, routine laboratory studies, x-ray procedures, and skin test.
2. Dental care including dental examinations, preventive use of fluorides and necessary emergency dental care.
3. Mental health services including evaluation and treatment as necessary.
4. Emergency health care for accidents or illness.
5. Transportation of the child to and /or from another health facility for these services.

☐ **I hereby give consent for all of the above services.**

☐ **Exceptions or Special Instructions:** _____

Signed: _____

Address: _____

Relation: _____

Date: _____ **Valid Until:** _____

PLEASE RETURN THIS FORM TO THE SCHOOL
(The third page of this form is for you to keep)

¹ Person is defined as one who in the absence of the parent or legal guardian provides a home for the child such as next of kin.

USE OF TECHNOLOGY RESOURCES IN INSTRUCTION

ELECTRONIC INFORMATION SERVICES

USER AGREEMENT

Details of the user agreement shall be discussed with each potential user of the electronic information services (EIS). When the signed agreement is returned to the school, the user may be permitted use of EIS resources.

Terms and Conditions

Acceptable use. Each user must:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- Not use the network in any way that would disrupt the use of the network by others.
- Not use the EIS for commercial purposes.
- Follow the District's code of conduct.
- Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary action up to and including expulsion for students.

In addition, acceptable use for District employees is extended to include requirements to:

- Maintain supervision of students using the EIS.
- Agree to directly log on and supervise the account activity when allowing others to use District accounts.
- Take responsibility for assigned personal and District accounts, including password protection.
- Take all responsible precautions, including password maintenance and file and directory protection measures, to prevent the use of personal and District accounts and files by unauthorized persons.

Personal responsibility. I will report any misuse of the EIS to the administration or system administrator, as is appropriate. I understand that many services and products are available for a fee and acknowledge my personal responsibility for any expenses incurred without District authorization.

Network etiquette. I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- **Be polite and use appropriate language.** I will not send, or encourage others to send, abusive messages.
- **Respect privacy.** I will not reveal any home addresses or personal phone numbers or personally identifiable information.
- **Avoid disruptions.** I will not use the network in any way that would disrupt use of the systems by others.
- **Observe the following considerations:**
 1. Be brief.
 2. Strive to use correct spelling and make messages easy to understand.
 3. Use short and descriptive titles for articles.
 4. Post only to known groups or persons.

Services.

The School District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information service (EIS) is used and bears the risk of reliance on the information obtained.

I have read and agree to abide by the School District policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference. I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Name _____

Signature _____ Date _____
(Student or employee)

School _____ Grade (if a student) _____

Note that this agreement applies to both students and employees.

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

Parent or Guardian Cosigner

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a School District administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.)

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Parent or Guardian Name (print) _____

Signature _____ Date _____

McKinney-Vento Eligibility Questionnaire

Name of School _____

Name of Student: _____ ☐ Male
Last First Middle ☐ Female

Birth Date ____/____/____ Age: ____ Social Security #: _____
Month / Day / Year (or student identification number)

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this 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 arrangement 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 (ex. car, park, campsite)

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

Please send a copy to _____ at the Central Office.
Liaison Name Fax: xxx-xxx-xxxx

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date McKinney-Vento Liaison Signature

San Carlos Unified School District

PHOTO RELEASE FORM

San Carlos Unified School District is making an effort to promote the positive news about our students and staff. This includes working with the local media publications and also developing our own publications. These publications include information, likenesses and images, which may appear on the district web site as well as in other publications.

As we continue to promote students and staff through media mentioned above and identified by name and classroom or school. However, we understand some parents may request we do not identify their child(ren). Please fill out the form below to inform us of your request regarding publicity. Please note, however, your child's image or likeness may appear in occasional candid photos without any type of name identification and the use of these candid photos of your child are permissible.

Students who attend extracurricular activities forfeit their rights to retain authority over the publication of photos taken.

Use a separate form for each child.

Please print.

Student _____ Grade _____

Parent/ Guardian Signature _____

Please check one:

_____ I give permission for my child to be interviewed, identified, and/or photographed/filmed for use in district publications, including, but not limited to, publication via web site or other technological publications, videos, newspapers, radio, or television.

_____ I request that you do not interview or photograph my child

Parent/ Guardian Signature _____ Date _____



Eye Exams And Glasses...

...AT SCHOOL!



Letters on an eye chart can look like this “O N R K D” or like this “ ” to your student and both would be recorded as 20/20!

Between 70% and 80% of learning happens through the visual *system*. Because sight and vision are so important to learning, your students’ vision needs to be as efficient as possible. His/Her eye health, eye sight, and other necessary visual skills used for learning can be conveniently examined at school using computerized, state of the art equipment.

By having your child’s eyes examined at school, he or she will miss little class time and travel time away from school will not be an issue. Dr. Charles Ferrin, O.D. has received permission to examine students at the San Carlos Unified School District.

Comprehensive eye exams and glasses (if needed) are offered as a convenience to you and your child. Because there is **no charge** to the parents, family, or school, the exam and glasses are limited to students with active and verified I.H.S insurance only.

Please neatly complete and include all necessary insurance information so proper authorization and verification can be obtained quickly.

Childs Name _____ (Boy/Girl) Birthday _____
Please Print clearly First Last (Must be correct)

Address: _____ City _____ State: Arizona

Zip: _____ Phone: _____ Grade _____

AHCCCS ID # _____ Childs SS# _____
(Please look this number up and include) (Please look this number up and include)
(Important for finding insurance eligibility) (Used **only** to help find insurance eligibility)

I authorize Dr. Ferrin to examine my child, provide glasses if needed and bill my child’s insurance at no charge to me.

(Parent/Guardian signature) Office (800) 874-4895 FAX (928) 428-0563

Dental News



Dear Parents:

Cavities are a serious problem for children here in San Carlos. Cavities can affect children in many ways like not being able to eat, sleep and learn properly due to pain. The San Carlos Dental Clinic wants to help prevent cavities in your child's teeth by placing sealants on them.

What is a sealant?

A sealant is a plastic coating that is applied to the chewing surfaces of the back teeth – premolars and molars. The sealant acts as a shield, protecting teeth from plaque and acids that cause cavities.

How do you put sealants on the teeth?

Sealants are easy for your dentist to apply, and it takes only a few minutes to seal each tooth. The teeth that will be sealed are cleaned then the sealant is painted onto the surface of each tooth. It takes 20 seconds to dry and stick to the tooth. **There are no shots, no drilling, no fixing cavities or pulling teeth. It is a simple procedure that uses only water and air.**

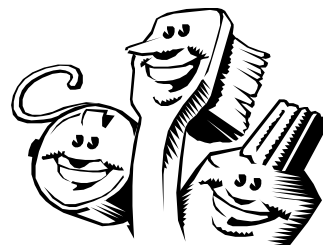
By filling out the consent form below, your child can be a part of the 2014 - 2015 Sealant Program at Rice Elementary School. Your child will be seen at the school with his/her classmates for a screening exam and the placement of sealants if necessary. Please return the consent form as soon as possible.

Thank you for your cooperation, and remember...healthier teeth mean healthier kids!!

Sincerely,

THE SAN CARLOS DENTAL STAFF

DENTAL CONSENT FORM **PLEASE FILL OUT COMPLETELY IN INK**



Student's Name: _____

School: _____ Grade: _____ Teacher: _____

I give consent for my child to participate in the sealant program.

Signature of Parent/Guardian: _____