# MARICOPA UNIFIED SCHOOL DISTRICT #20

44150 West Maricopa-Casa Grande Hwy. Maricopa, Arizona 85138
(520)-568-5100

## STUDENT ENROLLMENT FORM 2017-2018

(Please print clearly)

Current Date:

| Legal First Name | Middle Name | Legal Last Name | Grade | ☐ Male ☐ Female | Age | Birth date: State of Birth: |
|---|---|---|---|---|---|---|
| | | | | | | |

Street Address:

City: Zip:

PO Box (if applicable): Subdivision:

Primary Phone Number for Attendance Calls: ( )

Email Address:

SMS – Emergency Text Messaging:
**(MUSD will not be responsible for any additional charges)**

Do you have students in this or other MUSD schools? ☐ Yes ☐ No

**Has your child ever attended a MUSD school?** ☐ Yes ☐ No
If yes, what school and year?
Prior year Grade:

**Has your child ever attended another school in AZ?**
☐ Yes ☐ No

**Has your child ever been retained?**
☐ Yes ☐ No
**If Yes, at what grade level?**

**Has your child ever been expelled from MUSD or any other District?**
☐ Yes ☐ No

Both parts must be answered[1]

**Part 1: Ethnicity (choose one)**
☐ Hispanic/Latino ☐ Not Hispanic/Latino

**Part 2: Race**
**(choose one or more regardless of Ethnicity)**
If American Indian is checked, please complete the Title VI form (green) and the Impact Aid form (gold)

☐ Asian ☐ White ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ American Indian or Alaskan Native

**If American Indian:**
Name of Tribe _____
Where enrolled _____
Lives on Reservation: ☐ No ☐ Ak-Chin ☐ Gila River
☐ Other _____

**Name of Last School Attended:**

Address: City: State: Phone: ( )

**Student Lives With**
☐ Mother ☐ Foster
☐ Step ☐ DES
☐ Other – Please specify

First Name: Last Name:
Home Phone: ( ) Cell Phone: ( ) Employer: Work Phone: ( )

**Student Lives With**
☐ Father ☐ Foster
☐ Step ☐ DES
☐ Other -- please specify

First Name: Last Name:
Home Phone: ( ) Cell Phone: ( ) Employer: Work Phone: ( )

**How will your student go home at the end of the school day?**
☐ Biking/Scooter ☐ Walking ☐ Pickup ☐ Bus ☐ After School Program ☐ Other (please specify) Phone: ( )

1. What is the primary language used in the home regardless of the language spoken by the student? [2] _____
2. What is the language most often spoken by the student? [2] _____
3. What is the language that the student first acquired? [2] _____

**Does your child have an IEP?** ☐ No ☐ Yes **Date of IEP:**
What type of Special Services? ☐ Special Ed ☐ Speech/Language ☐ Other – please specify

**Please indicate any services your child has received:** ☐ **504 Plan** ☐ Resource Reading or Math ☐ Gifted
☐ Handicapped ☐ Behavioral Plan ☐ Child Referral Study ( SAT) ☐ Other – please specify

**Is your child certified as having a chronic health problem?** ☐ No ☐ Yes – please specify

**Is parent a member of the US Military – Active Duty?** ☐ Yes ☐ No If Yes, Which Branch of Service?
If yes is checked, please complete Impact Aid form (gold)

**Does your child have a migrant status?**[3] ☐ No ☐ Yes Migrant status must meet all 5 of the following criteria:
(A) The child is a migratory agricultural worker or a dependant of one (B) moved from one district to another (C) the move was a change in residence (D) the move was made due to economic necessity (E) the move occurred within 36 months

**Does your child have an Immigrant Status?**[4] ☐ No ☐ Yes Immigrant status must meet all 3 of the following criteria:
(A) are aged 3 through 21; (B) were NOT born in any State; and (C) have NOT been attending one or more schools in any one or more States for more than 3 full academic years.

I hereby certify that the above information is accurate. I understand that it is the Parent/Guardian's responsibility to update if any information changes.

Parent/Guardian Signature _____ Date _____

**For School Use Only**

| Student ID # | Birth proof [5] | Grade | Teacher | Room | Bus | Staff Initials | Entry code | Entry Date of Student | System Entry Date [6] |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

| School of Residence | School Attending | Records Request date [5] | Requested by | Date Records Received | Reviewed by | Completed Immunizations [7] |
|---|---|---|---|---|---|---|
| | | | | | | Health Office Initials: Date: |

[1] 72 Fed. Reg. 59266 [2] ARS-15-756 [3] NCLB Title 1C [4] NCLB Title III [5] ARS-15-828 [6] USFR 15-A CQ [7] ARS-15-872

| Enroll Form to Teacher/Resource Date: | Copies to HO Date: | PHLOTE sent Date: | IRR sent Date: | Title VI sent Date: | Impact Aid sent Date: | McKinney/Vento sent Date: |
|---|---|---|---|---|---|---|
| | | | | | | |

Revised 12/2/16

Maricopa Unified School District

Health Services

# Medication Procedures and Rules

Dear Parents and Guardians:

**Before** any medication, either prescription or over-the-counter, can be administered to your child by a Maricopa Unified School District employee the following must occur:

1. Parents or Guardians must fill out and sign the "Permission to Administer Medications at School" form. **J-5350**
2. The Parents or Guardians, **not the Student**, must bring all medications directly to the Health Office. This includes any refills on existing medications. Any medication not completed by the student should also be picked up by the Parents or Guardians. The Health Office staff **will not** send any medication home with a student. **J-5361**
3. Medication **cannot** be transported by transportation (bus). Per state regulation **R17-9-104 number 17** the State of Arizona states "A school bus driver shall not assume responsibility for transporting any medication, whether prescription or over-the-counter, that belongs to a passenger.
4. **All Medication, including over-the-counter medication, must be brought to the Health Office by an adult in the original containers with all warnings and directions intact.** No medication will be accepted that is in an envelope, foil, or plastic baggie by the Health Office staff or any other Maricopa Unified School District Employee. **J-5361**
5. A Pharmacy label must identify the medication in the container if the medication is prescribed by your child's health care provider. **J-5361**
6. The Pharmacy label must give the same instructions as on the parent permission form. **J-5361**
7. New labels must accompany all medication dosage changes. **J-5361**
8. The amount of medication brought to the Health Office cannot exceed a 30 day supply. **J-5361**
9. Students who self-carry medication must have a **signed consent** from the parent to self-carry. Forms are located in the health office. **J-5350. This form must remain with the student for the school year and must be located with the self-carry medication.**

We appreciate your cooperation with the above listed procedures and rules. Our goal is to insure the health and safety of all students. Please contact your child's school Health Office any time you have questions, concerns, any changes made in your child's medication, or your child is placed on a medication that requires a dose at school.

Maricopa Unified School District
Health Information and Emergency Medical Referral

2017-2018

For School Use
Teacher: _____ Grade: _____

| Legal First Name | Legal Middle | Legal Last Name | Date of Birth __/__/__ | Home Phone |
|---|---|---|---|---|
| | | | | |

| Mailing Address | PO Box | Street Address | City | Zip |
|---|---|---|---|---|
| | | | | |

| Mother/Guardian | Employer | Home Phone |
|---|---|---|
| | | Work Phone |
| | | Cell Phone |

| Father/Guardian | Employer | Home Phone |
|---|---|---|
| | | Work Phone |
| | | Cell Phone |

E-Mail Address: _____ Date: _____

Current Medical Conditions (** Maricopa Unified School District requires a Health Plan to be written for daily and emergency care if your child has a current health problem(s).)

Does your child currently have any of the following?

| | | | |
|---|---|---|---|
| Allergies (food, insect stings, grass, etc) | No | Yes - Explain: _____ | Age: _____ |
| Asthma | No | Yes - Explain: _____ | Age: _____ |
| Diabetes | No | Yes - Type: _____ | Age: _____ |
| Heart Condition | No | Yes - Explain: _____ | Age: _____ |
| Seizure Disorder | No | Yes - Explain: _____ | Age: _____ |
| Cancer | No | Yes - Explain: _____ | Age: _____ |
| ADHD | No | Yes - Explain: _____ | Age: _____ |
| Other | No | Yes - Explain: _____ | Age: _____ |

For your child's safety, please contact the Health Office ASAP, if your child has one the above illnesses; additional information and paperwork is REQUIRED.

| | | | |
|---|---|---|---|
| Tuberculosis | No | Yes - Age: _____ | Treatment: _____ |
| Rheumatic Fever | No | Yes - Age: _____ | Treatment: _____ |
| Valley Fever | No | Yes - Age: _____ | Treatment: _____ |
| Chicken Pox | No | Yes - Age: _____ | proof of illness attached |

Does your child have a hearing problem? No Yes – Explain

Does your child wear prescription glasses? No Yes – Explain

Has your child had any surgeries, major accidents or illnesses in the past year? No Yes – Explain

Please specify any chronic health problems:

Does your child have Health Insurance? Yes No
May we contact you regarding the School Based Mobile Clinic for our uninsured families? Yes No

Are there any other health related issues or past medical conditions that the school needs to be aware of?

Please list all daily medications (Home medication and medication required for school):

_____

_____

_____

Health Care Provider: Primary

Name: _____ Phone Number: _____

Health care Provider: Specialist

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

I agree that health office staff may contact the above mentioned Medical Provider(s) and share medical records and information pertaining to my child's medical history.

Parent Signature: _____ Date: _____

Does your child have an allergy to **Acetaminophen (Tylenol)**? Yes or No _____ (initial)

You have permission to give my child **Acetaminophen (Tylenol)** for temperature greater than 100.4, headache, menstrual cramps, dental pain, or injury diagnosed prior to arrival of school. I understand that this medication may be administered for only 3 consecutive days without a medical order from my child's health care provider.

Yes or No _____ (initial)

Does your child have an allergy to **Triple Antibiotic Ointment** (Bacitracin, Neomycin, Polymyxin B)?

Yes or No _____ (initial)

You have permission to apply **Triple Antibiotic Ointment** to my child for a small cut (no deeper than 1 ml) or a superficial abrasion.

Yes or No _____ (initial)

Does your child have an allergy to **Ibuprofen**?

Yes or No _____ (initial)

You have permission to give my child **Ibuprofen** for temperature greater than 103.0, sever body aches or headache, diagnosed injury prior to arrival of school, severe menstrual cramps, or severe dental pain. I understand that this medication may be administered for only 3 consecutive days without a medical order from my child's health care provider.

Yes or No _____ (initial)

During a **medical emergency** for a **severe allergy reaction involving a student that does not have a known allergy**, the Maricopa Unified School District Staff may need to administer Benadryl and/or an Epinephrine Injection Pen to stop the severe allergy reaction while waiting for EMS to arrive. I, the parent of the above mentioned child, give permission for these lifesaving medications during an emergency allergy reaction.

Yes or No _____ (initial)

During a medical emergency involving breathing for a child with known **Asthma**, I give permission for the Health Office Staff to administer nebulized Albuterol. Does not apply Yes or No _____ (initial)

*** In the event of an injury at school, no Tylenol or Ibuprofen will be given until the parent or a medical provider has examined the student. _____ (parent initial)

First Aid utilizing Ice, Splinting as indicated, and Elevation to reduce pain will be the treatment provided by Health Services Staff until seen by a health care provider or the parent/legal guardian.

_____ _____

Parent/Guardian Signature Date

**IMMUNIZATION: NO CHILD will be allowed to register in a Maricopa Unified School District School without a current immunization record or a completed immunization exemption form. Students who qualify within the Federal McKinney-Vento Act parameters may register while in the process of obtaining appropriate documentation. The school registrar and nurse will assist with the process to locate previous immunization records when possible.

# Maricopa Unified School District #20

*Please complete the following information detailing who may sign your child out from school. Please understand that if a person's name is not listed as an authorized contact, they will not be able to sign your child out from school unless we have prior written permission from you. All authorized contacts must be over the age of 18. Identification will be required.*

## *Emergency Contact Sign-Out Information Form*
## *2017-2018*
## *(Please print clearly)*

**Student Last Name:** _____

**Student First Name:** _____

**Gender** (circle one): M F **Grade:** _____ **Date of Birth:** _____

**1) Parent/Guardian Name:** _____

Home address: _____

Mailing address (if different than above): _____

Home phone: _____ Work phone: _____

Cell phone/Text Message: _____ Email: _____

**2) Parent/Guardian Name:** _____

Home address: _____

Mailing address (if different than above): _____

Home phone: _____ Work phone: _____

Cell phone/Text Message: _____ Email: _____

***IN CASE OF EMERGENCY AND NEITHER PARENT CAN BE REACHED,***
***PLEASE LIST NAME, RELATIONSHIP AND PHONE NUMBERS OF RELATIVES OR FRIENDS WE MAY CONTACT. (Please print clearly)***
***Please provide at least one contact – even if they are out of state***

1. Name: _____ Relationship to child: _____
   Release to (circle one) Yes No Home phone: _____ Cell phone: _____
2. Name: _____ Relationship to child: _____
   Release to (circle one) Yes No Home phone: _____ Cell phone: _____
3. Name: _____ Relationship to child: _____
   Release to (circle one) Yes No Home phone: _____ Cell phone: _____
4. Name: _____ Relationship to child: _____
   Release to (circle one) Yes No Home phone: _____ Cell phone: _____

**Parent Signature:** _____ **Date:** _____

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)(l), (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.

Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

# Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
# Encuesta sobre el Idioma en el Hogar

(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(l), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. **¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?** _____
2. **¿Cual idioma habla el estudiante con mayor frecuencia?** _____
3. **¿Cual fue el primer idioma que aprendió el estudiante?** _____

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de SAIS _____

Firma del padre o tutor _____ Fecha _____

Distrito o Charter _____

Escuela _____

---

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.

**Arizona Department of Education**
**Arizona Residency Guideline**
**REVISED 8/15/2012**

## INTRODUCTION

Generally, under Arizona law, only Arizona residents are entitled to a free public education. The Arizona Department of Education ("Department") is a designated steward of state education tax dollars and is responsible for providing state aid to school districts and charter schools for students who reside in Arizona. Pursuant to A.R.S. § 15-823(J), a school district or charter school may not include non-resident pupils in their student count and may not obtain state aid for those pupils.

The residency of a student is determined by the residency of the parent or guardian with whom the student lives. Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that their student/parent residency information is accurate and verifiable.

The Department may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student's residency status may be required to repay the state aid received for that student.

## VERIFIABLE DOCUMENTATION

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 **must be provided each time a student enrolls in a school district or charter school in this state, and reaffirmed during the district or charter's annual registration process via the district or charter's annual registration form. The documentation supporting Arizona residency should be maintained according to the school's records retention schedule.** 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. **PROOF OF RESIDENCY IS NOT REQUIRED FOR HOMELESS STUDENTS.** 42 U.S.C.§ 11 432(g)(3)(C)(i).

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent or legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family's household is multi-generational. Different documentation is required for each circumstance.

1. **Parent(s) or legal guardian(s) that maintains his or her own residence:** The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide one of the following documents, which bear the parent or legal guardian's full name and residential address or physical description of the property where the student resides (no P.O. Boxes)[1]:

- Valid Arizona driver's license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Property deed
- Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)

2. **Parent(s) or legal guardian(s) that does not maintain his or her own residence:** The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit bearing the name and address of the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the bulleted list above bearing the name and address of the person who maintains the residence. A model affidavit is available for schools at: Include link.

## USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS

School officials must **retain a copy** of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indicia of residency; however, documentation is subject to audit by the Department. Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing. **INFORMATION PROVIDED BY PARENTS AND GUARDIANS TO ARIZONA PUBLIC SCHOOLS IS CONFIDENTIAL AND ONLY USED FOR EDUCATIONAL PURPOSES.**

## ATTENDANCE AT ARIZONA SCHOOLS BY NON-RESIDENTS

United States citizens that are not residents of Arizona may attend Arizona public schools upon payment of tuition pursuant to A.R.S. § 15-823(A). Tuition shall be set by the school pursuant to the formula set forth in A.R.S. § 15-824(E). Citizens of a foreign country that are not Arizona residents may attend public high schools in Arizona for up to 12 months upon payment of tuition if they abide by the requirements of federal immigration law. For more information regarding foreign students attending public high schools, see the guidance from the U.S. State Department at: http://travel .state.gov/visa/temp/tvpes/types_1 269.html Schools that want to enroll foreign citizens must obtain SEVP certification. For more information regarding SEVP certification, see the guidance at: http://www.ice.gOv/sevis/i 17/i 17 2.htm

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[1] For participants in the Arizona Address Confidentiality Program ("ACP"), an ACP Authorization Card may be accepted in lieu of documentation showing the residential address or property description where the student resides.

# 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 Affidavit of
# Shared Residence

I 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
___ 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.
___ Documentation from a state, tribal or federal government agency (Social Security Administration,
___ Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

**Acknowledgement**

State of Arizona
County of _____

The foregoing was acknowledged before me this ___ day of _____, 20___,
By _____.

_____
Notary Public

My Commission Expires:

_____

#2803440

# 2017 -2018
# Documentation of Court Orders

## CUSTODY LAW NOTIFICATION

Custody disputes must be handled by the courts. By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the children UNLESS one of them has a signed court order that indicates otherwise. The school has no legal right to refuse a biological parent access to their children and/or school records.

If a parent has a signed, current court order limiting the other parent or any other person, the school MUST HAVE A COPY of the court order on file. If a copy is not on file, the school is required by law to release children to their parents with proper identification. Situations that put the welfare of students in question will be handled at the discretion of the Principal/Designee. In situations that become a disruption to the school, the Maricopa Police Department will be contacted, and an officer will be requested to intervene.

Parents are asked not to involve schools in custody matters.
Please have current information on file for your children.

Student Name: _____ Grade: _____

Please check one of the following statements:

☐ There are no court orders of 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: _____ Date: _____

Revised 12/2/16

OMB Number: 1810-0021 Expiration Date: 07/31/2019

**U.S. Department of Education**
**Office of Indian Education**
**Washington, DC 20202**
**TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

## STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

## TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

_____ Federally Recognized
_____ State Recognized
_____ Terminated Tribe (Documentation required. Must attach to form)
_____ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

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

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

## ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

OMB Number: 1810-0021 Expiration Date: 07/31/2019

# INSTRUCTIONS FOR THE ED 506 FORM

## FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does NOT have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

## FOR PARENTS/GUARDIANS:

**DEFINITION:** Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, 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 on October 19, 1994.

**STUDENT INFORMATION:** Write the name of the child, date of birth and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized**- an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized**- an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe**-a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group**- 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

**PAPERWORK BURDEN STATEMENT** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.

# Maricopa Unified School District #20

44150 W. Maricopa/Casa Grande Hwy.
Maricopa, Arizona 85138

## Parent Acknowledgements and Permissions 2017-2018

Student Name: _____ Grade: _____ ID#: _____
Please print

Parent Name: _____ Parent Signature: _____
Please print

**Secondary handbooks are available on the district and school websites (www.maricopausd.org).**

### HANDBOOK VERIFICATION

I have received a copy of the Maricopa Unified School District Student/Parent Handbook or viewed it on the Maricopa Unified School District website (musd20.org). I am aware that my son/daughter and I are expected to read, understand, and abide by the student conduct and disciplinary rules and regulations contained in this book.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

### CODE OF CONDUCT

☐ I have read through the MUSD Secondary Code of Conduct and understand disciplinary action will follow infractions. All rules/expectations apply to any 6th - 12th grade student enrolled in Desert Wind or Maricopa Wells Middle Schools or Maricopa High School. Violations of the Code of Conduct could jeopardize participation in field trips and end of the year activities.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

### DRESS CODE

I have received and read a copy of the Maricopa Unified School District Student Dress Code Policy. I am aware that my son/daughter is required to follow the standards set forth in the policy.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

### MEDIA RELEASE/YEARBOOK AUTHORIZATION

**During the school year, district staff members may compile non-confidential student directory information which may be used for the school yearbook, athletic/activity rosters, school programs and other similarities. According to state and federal law, this directory information may be publicly released without permission of parents, legal guardians, or eligible students.**

☐ Yes, I authorize MUSD to release my child's first name, last name and photograph to the media for positive recognition AND to be included in the school yearbook or classroom composite.

☐ I only authorize my child's first name, last name and photograph to be included in the school yearbook or classroom composite.

☐ No, I do not authorize MUSD to release my child's first name, last name and photograph to the media for positive recognition AND the school yearbook or classroom composite. (Note: Your child will not be able to be included in any newspaper articles outlining accomplishments, such as academic awards or Honor Roll).

### HEALTH OFFICE

☐ Yes, I have reviewed the MUSD Health Office Expectations.

## BULLYING, HARASSMENT, CYBER-BULLYING AND INTIMIDATION

I understand disciplinary actions will be instituted for any student found to have engaged in behaviors contrary with the MUSD policy against bullying, harassment, cyber-bullying and intimidation.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

## CLOSED CAMPUSES

My student and I understand that all MUSD campuses are closed and students are not permitted to leave campus at any time during the school day, unless the appropriate check-out process is followed through the front office. We also acknowledge that food deliveries are not permitted at any time on any campus. Students are expected to eat lunch provided through the cafeteria or bring lunch from home.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

## PERMISSION FOR STUDENT USE OF TECHNOLOGY

Maricopa Unified School District uses mobile technology (laptops, Chrome books, iPads) in the classroom. It is imperative that students and parents understand the importance of treating these devices, along with all of our technology, with the best care possible. The following policies will be implemented.

1. All students are responsible for their learning at all times while using their device.
2. No horseplay will be tolerated.
3. Any student behaving inappropriately on their device will automatically have to put it away, and complete an alternate assignment.
4. Just as with all school property, you will assume responsibility for any damage and may be charged for repair or replacement.

Signature of Parent/Guardian: _____ Date: _____

## INTERNET ACCEPTABLE USE POLICY

I have reviewed the AUP Policy with my student

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

## GOOGLE APPS FOR EDUCATION

Maricopa Unified School District will be using Google Apps for Education in the classroom. Google Apps for Education is a suite of free, web-based programs that includes email, document creation, shared calendars and collaboration tools. Email will be available only to grades 6-12 but not K-5. All other Google Apps will be available for all grades.

Please review the attached information; complete and return this page to school. If you have any questions, please don't hesitate to call 520-568-5100 x 1090.

Yes No I give permission for my child to use Maricopa Unified School District Google Apps for Education. By doing so, I agree to enforce acceptable use when my child is off District Property.

Yes No I give permission for my child and the school to publish work and photographs online, with the understanding that student last names and confidential personal information will not be published.

Signature of Parent/Guardian: _____ Date: _____

## BRING YOUR OWN DEVICE

The BYOD Policy allows students to connect personal electronic devices to the District's WIRELESS network with approval. By signing below I grant my approval and understand that my student must abide by the all requirements/expectations.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(if user is under 18)

# MUSD #20 Impact Aid Program Survey Form MUSD #20

The survey date is

All boxes must be filled in with complete information if applicable

STUDENT INFORMATION

| Student's Last Name | First Name | M.I. | Date of Birth | Grade | School Name | |
|---|---|---|---|---|---|---|
| Address | | City | | | State | Zip Code |
| If the above property is a federal property, enter the name of the property. | Name of federal property | | | | | |

**Fill in the above boxes with complete and accurate information**

PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN

Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States *and* 2) either parent/guardian with whom the student resided was employed on federal property, *or* 3) either the parent/guardian reported to work on federal property *on the survey date*. Enter the parent/guardian's name as it appears on the employer's payroll record.

| Parent/Guardian's Last Name | First Name and M.I. | Name of Parent/Guardian's Employer | | |
|---|---|---|---|---|
| Address of Parent/Guardian's Employer | | City | State | Zip Code |
| Name of federal property | | | | |
| Address of federal property | | City | State | Zip Code |

**Fill in the above boxes with complete and accurate information**

PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES

Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States *on the survey date.*

| Parent/Guardian's Last Name | First Name and M.I. | Branch of Service | Rank |
|---|---|---|---|

**Fill in the above boxes with complete and accurate information**

PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and a foreign military officer *on the survey date.*

| Parent/Guardian's Last Name | First Name and M.I. | Branch of Service | Rank |
|---|---|---|---|
| Name of Foreign Government | | | |

**Fill in the above boxes with complete and accurate information**

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act), and *may* be provided to the U.S. Department of Education *if* your school district's application for payment is audited. This form *must* be signed and dated for your school district to receive funds based on this information.

* By Signing this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.

→Signature of Parent/Guardian_____ →Date_____

# Maricopa Unified School District #20
## 2017-2018 Authorization for Release of School Records

Previous School Name: _____

Address, City, State: _____

Phone #: _____ Fax #: _____

In accordance with the Family Educational Rights and Privacy Act of 1974, I hereby authorize the release of all records regarding the below named pupil to the Maricopa Unified School District.

*Student Name:* _____ *Birth date:* _____

*has enrolled in our school in the _____ grade. Please send the following checked information (below) to the school that is requesting. Thank you for your prompt attention.*

**Name of School Requesting Records (check one below)**

☐ ***Desert Wind Middle School***
Attn: Rosemary Araiza
35565 W Honeycutt Rd.
Maricopa, AZ 85138
520-568-7110
Fax 520-568-7119
raraiza@musd20.org

☐ ***Maricopa Wells Middle School***
Attn: Hilda Rodarte
45725 W Honeycutt Ave.
Maricopa, AZ 85139
520-568-7100
Fax 520-568-7104
hrodarte@musd20.org

☐ ***Maricopa High School***
Attn: Brenda Snow/Diane Shelton
45012 W Honeycutt Ave.
Maricopa, AZ 85139
520-568-8100
Fax 520-568-8119
bsnow@musd20.org/bzets@musd20.org

***PLEASE MAIL THE SIGNED OFFICIAL TRANSCRIPT TO THE ADDRESS ABOVE***

***PLEASE DO NOT SEND THE CUM FILES***

- ☑ Signed official transcript—see note above
- ☑ Unofficial transcript
- ☑ Discipline Records
- ☑ Birth Certificate
- ☑ State standardized test reports
- ☑ Withdrawal form/Withdrawal grades
- ☑ Attendance records
- ☑ SAIS number
- ☑ ECAP Documentation
- ☑ Health records and immunizations

Please DO NOT send IEP's or Special Education records to the school sites. Please send those records to:

MUSD20 Exceptional Student Services
Attn: ESSrecords@musd20.org

ARS 15-828 G. Within five school days after enrolling a transfer pupil from a private school or another school district, a school shall request directly from the pupil's previous school a certified copy of the pupil's record. The requesting school shall exercise due diligence in obtaining the copy of the record requested. Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request unless the record has been flagged pursuant to section 15-829. If the record has been flagged, the requested school shall not forward the copy and shall notify the local law enforcement agency of the request. School districts shall include in the educational records required by this subsection data collected pursuant to sections 15-741 and 15-766, as prescribed by the state board of education.

_____ DATE: _____

Signature of: _____ School Official _____ Parent/Guardian/Eligible Student

Revised 12/2/16

# Desert Wind Middle School

## Elective Requests

## 2017—2018

Please note that some electives are year-long classes and some electives are only half-year (semester classes). Each student is enrolled in two of these classes each semester. Students may select one of the following options:

2 year-long classes
1 year-long class and 2 half-year (semester)classes (one for fall and one for spring)
4 semester classes (Two classes for fall and two classes for spring)

**Please number your requests in order of preference for the following school year:**

**Year Long Electives**

_____ General Physical Education
_____ Tiger Sports Academy
_____ Beginning Band *(Tiger Band)*
_____ Advanced Band *(Symphonic Band)*
_____ Orchestra
_____ Chorus
_____ Music Theatre

**Semester Electives (Half-Year)**

_____ General Physical Education
_____ Health & Fitness
_____ Tiger Sports Academy
_____ Spanish
_____ Modern Music Techniques
_____ Music Theatre
_____ Art
_____ Advanced Art
_____ Computer Applications
_____ Advanced Computer Applications

Student Full Name_____

Current School_____ Current Grade_____

Parent Name (print) _____

Parent Signature_____ Date_____

- **Current Desert Wind Students**: This form *must be signed* and turned in to your social studies teacher no later than April 21st
- **Current Elementary Students**: This form *must be signed* and turned in to your elementary teacher no later than April 21st

# 2017-2018

# Elective Course Descriptions

**General 6th Physical Education-** Course involves the acquisition of knowledge and skills that provide the foundation for sport, a physically active lifestyle, and social development through physical activity. Activities typically include those that increase strength, endurance, and flexibility. The course reinforces safe techniques and teaches the rules and conventions of games and sports.

**General 7th Physical Education-** Course involves the acquisition of knowledge and skills that provide the foundation for sport, a physically active lifestyle, and social development through physical activity. Activities typically include those that increase strength, endurance, and flexibility. The course reinforces safe techniques and teaches the rules and conventions of games and sports.

**General 8th Physical Education-** Course involves the acquisition of knowledge and skills that provide the foundation for sport, a physically active lifestyle, and social development through physical activity. Activities typically include those that increase strength, endurance, and flexibility. The course reinforces safe techniques and teaches the rules and conventions of games and sports.

**Tiger Sports Academy-** Course designed to provide students the knowledge, experience and opportunity to develop skills in more than one team sport.

**Health & Fitness-** Course combines the topics of Health Education (nutrition, stress management, substance abuse prevention, disease prevention, first aid, and so on) with an active fitness component (typically including aerobic activity and fitness circuits) with the intention of conveying the importance of life-long wellness habits.

**Spanish-** This course is an introduction to the language and the culture of the Spanish-speaking world. Students will learn vocabulary and grammar through listening, speaking, reading and writing. Emphasis is on simple conversation skills.

**Computer Applications-** Course designed to provide students the opportunity to acquire knowledge of and experience in the proper and efficient use of previously written software packages (Google Applications). These courses explore a wide range of applications, including (but not limited to) word-processing, spreadsheet, graphics.

**Advanced Computer Applications-** Course will allow students to go more in-depth with software packages and cover additional topics of desktop publishing, web design, and computer coding.

**Art-** This course introduces students to how to use various art mediums such as watercolor, charcoal, chalk, and oil pastels to communicate as an artist. Students learn to draw and develop their own artistic style.

**Advanced Art-** Course is designed to work in the area of unique composition and creativity in painting and/or production of several pieces of artwork. The main focus is to explore individual creations of creativity to work until completed to the best of the student's ability.

**Music Theatre-** Course designed to focus on the study and performance of drama, including musical theatre. Course reviews a wide range of scripted materials, such as plays, screenplays, teleplays, reader's theatre scripts, dramatic criticism, creation of original dramatic works, and the role of dramatic arts in society.

**Beginning Band (Tiger Band)-** Membership is open to all students, any grade level, who wish to extend their knowledge, understanding, and appreciation of music by learning how to play a wind or percussion instrument. Attention is focused on introductory music fundamentals, technical achievement, and acquisition of performance and rehearsal skills through exposure to a variety of literature. The Tiger Band class will perform in two concerts throughout the year. One or two after school rehearsals may be required prior to each performance. It is expected that students in this course will also attend Desert Wind Music concerts.

**Advanced Band (Symphonic Band)-** Membership is based on audition for students, any grade level, who wish to extend their knowledge, understanding, and appreciation of music by developing their skills on their wind or percussion instrument. Attention is focused on continuing knowledge of music fundamentals, technical achievement, and acquisition of performance and rehearsal skills through exposure to a variety of literature. The Symphonic Band classes will perform in concerts, events, and festivals throughout the year. After school rehearsals may be required prior to each performance to prepare or combine classes. It is expected that students in this course will also attend Desert Wind Music concerts.

**Orchestra-** Membership is open to all students, any grade level, who wish to extend their knowledge, understanding, and appreciation of music by learning how to or developing skills on a stringed instrument. Attention is focused on introductory music fundamentals, technical achievement, and acquisition of performance and rehearsal skills through exposure to a variety of literature. The Orchestra class will perform in concerts, events, and festivals throughout the year. After school rehearsals may be required prior to each performance to prepare. It is expected that students in this course will also attend Desert Wind Music concerts.

**Modern Music Techniques-** This course is open to all students, any grade level, who wish to extend their knowledge and performance of popular music. Students in this course will examine popular music through performance on instruments associated with various popular music genres, creation of music in popular music styles, and interaction with popular music concepts and contexts. It is expected that students in this course will also attend Desert Wind Music concerts.

**Chorus-** Membership is open to all students, any grade level, who wish to extend their knowledge, understanding, and appreciation of music by learning fundamental vocal tone production (singing) and ear training (listening). Attention is given to introductory music fundamentals, understanding of musicianship and musical contexts, and acquisition of rehearsal and performance skills through exposure to a variety of literature. The Chorus class will perform in concerts or events throughout the year. After school rehearsals may be required prior to each performance.

***Additional Notes for All Music Ensembles***

Performances and rehearsals outside of the school day will be required. Uniforms or special concert attire will be required for performances. Transportation may not be provided.

## A Note About Electives

Please note that some electives are year-long classes and some electives are only half-year (semester classes). Each student is enrolled in two of these classes each semester. Students may select one of the following options:

- 2 year-long classes
- 1 year-long class and 2 half-year (semester)classes (one for fall and one for spring)
- 4 semester classes (Two classes for fall and two classes for spring)

## Blended Learning Program

The DWMS Blended Learning Program provides an alternative setting for project based, S.T.E.A.M. (science, technology, engineering, arts, and mathematics) education. Blended Learning utilizes personalized education, succinct technology integration, and project based instruction into the regular 6th, 7th, and 8th grade curriculum. Blended Learning students are highly motivated, very organized, work well in groups and are self-starters. The Blended Learning classroom provides more freedom and creativity while holding high expectations for all students.

Registration for the Blended Learning Program is now open for the 2017-2018 school year. A separate application form is required and can be found on the MUSD District homepage at www.maricopausd.org, at the MUSD District Office and in the Desert Wind Front Office. Interested parents and students need to submit an application. If the number of applicants exceeds the available slots, students will be selected through a lottery process.

## Home of the Tigers!

**Desert Wind Middle School**
35565 W. Honeycutt Road
Maricopa, AZ 85138
Phone: 520.568.7110

**Danielle Gourley, Counselor**
Ext. 3120
dgourley@musd20.org

Visit our website at:

**dwms.maricopausd.org**