

STUDENT ENROLLMENT FORM 2016 - 2017

MARICOPA UNIFIED SCHOOL DISTRICT #20 44150 West Maricopa-Casa Grande Hwy. Maricopa, Arizona 85138 (520)-568-5100						Current Date: _____	
Legal First Name		Middle Name		Legal Last Name		Grade <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date:
							Age
P.O. Box:		Street Address:				City:	
Address Major Cross Streets:				Housing Subdivision:		Zip:	
Primary Phone Number for Attendance Calls: ()						Both parts must be answered ¹ Part 1: Ethnicity (choose one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino Part 2: Race (choose one or more regardless of Ethnicity) <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native If American Indian: Name of Tribe _____ Where enrolled _____ Lives on Reservation: <input type="checkbox"/> No <input type="checkbox"/> Ak-Chin <input type="checkbox"/> Gila River <input type="checkbox"/> Other _____	
Email Address:							
SMS – Emergency Text Messaging: (MUSD will not be responsible for any additional charges)							
Has your child ever attended a MUSD school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what school and year? Prior year Grade: _____			Has your child ever attended another school in AZ? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has your child ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, at what grade level? _____			Has your child ever been expelled from MUSD or any other District? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last School Attended: Address: _____ City: _____ State: _____ Phone: () _____							
Siblings attending this school: 1. _____ 2. _____ 3. _____							
Is parent a member of the US Military – Active Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Which Branch of Service? _____							
Student Lives With <input type="checkbox"/> Mother <input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> DES <input type="checkbox"/> Other – Please specify _____		First Name: _____ Last Name: _____ Home Phone: () _____ Cell Phone: () _____ Employer: _____ Work Phone: () _____					
Student Lives With <input type="checkbox"/> Father <input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> DES <input type="checkbox"/> Other – please specify _____		First Name: _____ Last Name: _____ Home Phone: () _____ Cell Phone: () _____ Employer: _____ Work Phone: () _____					
Person other than Parent/Guardian to contact in case of Emergency:					Name: _____ Cell/Work Phone: () _____		
How will your student go home at the end of the school day? <input type="checkbox"/> Walking <input type="checkbox"/> Pickup <input type="checkbox"/> Bus <input type="checkbox"/> After School Program <input type="checkbox"/> Other Name _____ Phone: () _____							
1. What is the primary language used in the home regardless of the language spoken by the student? ⁶ _____ 2. What is the language most often spoken by the student? ⁶ _____ 3. What is the language that the student first acquired? ⁶ _____							
Does your child have a migrant status? ⁷ <input type="checkbox"/> No <input type="checkbox"/> 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? ² <input type="checkbox"/> No <input type="checkbox"/> 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.							
Does your child have an IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes Date of IEP: _____ What type of Special Services? <input type="checkbox"/> Special Ed <input type="checkbox"/> Speech/Language <input type="checkbox"/> Other – please specify _____							
Please indicate any services your child has received <input type="checkbox"/> Gifted <input type="checkbox"/> Resource Reading or Math <input type="checkbox"/> 504 Plan <input type="checkbox"/> Handicapped <input type="checkbox"/> Behavioral Plan <input type="checkbox"/> Child Referral Study (SAT) <input type="checkbox"/> Other – please specify _____							
Is your child certified as having a chronic health problem? <input type="checkbox"/> No <input type="checkbox"/> Yes – please specify _____							

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 3	Grade	Teacher	Room	Bus	Staff Initials	Entry code
School of Residence	School Attending	Records Request date ³	Requested by	Date Records Received	Reviewed by	Completed Immunizations ⁵	
						Health Office Initials:	



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.



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)(1), (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.

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

2016-2017

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
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Does your child wear prescription glasses?	No	Yes - Explain
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Has your child had any surgeries, major accidents or illnesses in the past year?	No	Yes - Explain
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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, severe 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

2016-2017

(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)

1. Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

2. Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

3. Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

4. Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Parent Signature: _____ **Date:** _____



Maricopa Unified School District #20
2016-2017 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
45012 W Honeycutt Ave.
Maricopa, AZ 85139
520-568-8100
Fax 520-568-8119
bsnow@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.

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

DATE: _____



2016 -2017 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: _____



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.dhs.gov/sevis/i-17/i-17-2.htm>

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:

Maricopa Unified School District #20

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

Parent Acknowledgements and Permissions 2016-2017

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

Parent Name: _____ Parent Signature: _____
Please print

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: _____
(if user is under 18)

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 _____

Notice: Public Reporting Burden Notice on Reverse Side

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 3E200, Washington, D.C. 20202-6335.**

MUSD #20

Impact Aid Program Survey Form

The survey date is _____

MUSD #20

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
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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 _____

**SIGNING THIS FORM IS OPTIONAL. SIGN AND RETURN THIS FORM ONLY IF
YOU DO NOT WISH TO HAVE DIRECTORY INFORMATION RELEASED.**

DESIGNATION OF DIRECTORY INFORMATION

During the school year, district staff members may compile non-confidential student directory information which may be used for the school yearbook, colleges, universities, scholarships, 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. However, if you do not wish the below information to be released, you may request so by signing the form at the bottom of this page and returning it to your school's Principal within TWO weeks.

**If you do not return this form, we will assume that your permission is given to use the
directory information as described below.**

To the Principal of: _____

School Name

**I DO NOT wish to have Maricopa Unified School District #20
disclose directory information checked below**

The checked information will not be released to colleges/universities, scholarships applications, athletic/activity rosters, school programs, and photographs will not appear in the yearbook or other media releases.

Student's Name

Student's ID Number

Parent/Legal Guardian/Eligible Student Signature

Date

- | | | |
|---|--|--|
| <input type="checkbox"/> Student's name | <input type="checkbox"/> Student's parents' name | <input type="checkbox"/> Student's address |
| <input type="checkbox"/> Student's telephone number | <input type="checkbox"/> Student's date/place of birth | <input type="checkbox"/> School of attendance |
| <input type="checkbox"/> Major field of study, if any | <input type="checkbox"/> Extracurricular participation | <input type="checkbox"/> Weight/height/athletic number |
| <input type="checkbox"/> Student's photograph (this includes yearbook) | | |
| <input type="checkbox"/> Achievements (diplomas, award, or honors) | | |
| <input type="checkbox"/> School or school district last attended before enrollment in district | | |
| <input type="checkbox"/> Military opt out – checking this box means no information will be released to Armed Services, military recruiters or military schools. | | |

ITEMS CHECKED WILL NOT BE DISTRIBUTED AS DIRECTORY INFORMATION

This form will remain in effect for one school year unless written notification is received from you, to the school principal, stating that the restriction on directory information can be removed. A new form must be filled out at the beginning of each school year for these restrictions to continue.

Federal and state laws require all school districts that receive public funds to notify parents, legal guardians, or eligible students on a yearly basis regarding the release of student directory information.

**If you do not return this form, we will assume that your permission is given
to use the directory information as described above.**