

ORACLE SCHOOL DISTRICT #2

2017-2018 REGISTRATION PACKET

According to A.R.S. 15-802(B) School districts are required to obtain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. The following is a list of acceptable documents; please attach a copy of one of the following to this registration packet and return to the Mountain Vista office.

Valid Arizona driver's license, Arizona identification card

Valid Arizona motor vehicle registration

Property deed

Mortgage documents

Property tax bill

Rental agreement or lease (including Section 8 agreement)

Utility bill (water, electric, gas, cable, phone)

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, Veteran Administration, Arizona Department of Economic Security etc.)

*** EXTRA-CURRICULAR FEE \$5.00 PER CHILD ***

Fund 526 is the Extracurricular Activities Tax Credit fund which individuals donate to the public school for extracurricular activity use. We provide activities such as field trips, tutoring, athletics, and many other activities with the donated funds.

The school districts are required to meet the following three guidelines in order to use these monies on the students that were donated.

- School sponsored activity
- Enrolled students
- Collect Extra-curricular fee

PLEASE MAKE SURE ALL FORMS ARE FILLED OUT
COMPLETELY AND ALL SUPPORTING DOCUMENTATION IS
ATTACHED

Thank you,
Oracle School District

***PRE-SCHOOL STUDENTS DO NOT PAY AN
EXTRA-CURRICULAR FEE**

ORACLE SCHOOL DISTRICT #2
2618 El Paseo Oracle, AZ. 85623 (520) 896-3000
2017-2018

STUDENT REGISTRATION FORM

Student Name _____ Grade _____ Home Phone # _____

Email Address _____ Cell# _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

DOB _____ Place of Birth _____ M ___ F ___

According to A.R.S. 15-802(B) School districts are required to obtain verifiable documentation of Arizona residency upon enrollment in an Arizona public school.

Special Education Information:

Was your child enrolled in any Special Education program? If yes, please explain:

Does your child have special needs, Speech or ESL programs? If yes, please explain:

Has your child been suspended or expelled from school for any reason? If so, please provide information:

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?

Ethnic choice: Check One you most closely identify with:

American Indian Hispanic (Mexican or Spanish origin)
 White (Not of Hispanic origin) Asian or Pacific Islander (Oriental)
 African American

<u>FAMILY INFORMATION:</u>	Occupation	Employer	Work Phone #	Cell #
Name of: Father _____	_____	_____	_____	_____
Mother _____	_____	_____	_____	_____
Step Parent _____	_____	_____	_____	_____
<i>**Please note: Step Parent must also be listed as an emergency contact.</i>				
Guardian _____	_____	_____	_____	_____

PLEASE PROVIDE LEGAL DOCUMENTATION IF GUARIDAN IS OTHER THAN A PARENT.

Is there a non-custodian parent? Yes ___ No ___ If yes, a copy of these papers needs to be submitted to the office.

Parents or Guardians Student Living With:

Person(s) to call if parent cannot be reached:

NAME: _____ PHONE NUMBER: _____ RELATIONSHIP
(to student)

I verify the above information to be accurate.

Signature of Parent/Guardian **Date**

FOR OFFICE USE ONLY

Date of Entry: _____
Verify DOB: _____

SCHOOL NAME:

Entry Code: _____
Certified By: _____

MOUNTAIN VISTA

- Birth Certificate
- Baptismal Certificate
- Other



**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 Pinal

The foregoing was acknowledged before me this ____ day of _____, 20 ____,

By _____.

Notary Public

My Commission Expires:

INFORMATION FOR PARENTS



IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING SITUATIONS:

In a shelter



In a motel or campground due to the lack of an alternative adequate accommodation



In a car, park, abandoned building, or bus or train station



Doubled up with other people due to loss of housing or economic hardship

Your school-age children may qualify for certain rights and protections under the federal McKinney-Vento Act.

Your eligible children have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in school and attend classes while the school gathers needed documents.
- Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is your preference and is feasible.
 - * If the school district believes that the school you select is not in the best interest of your children, then the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.
- Receive transportation to and from the school of origin, if you request this.
- Receive educational services comparable to those provided to other students, according to your children's needs.

If you believe your children may be eligible, contact the local liaison to find out what services and supports may be available. There also may be supports available for your preschool-age children.



Local Liaison

Lydia Smith, Mt. Vista School
520-896-3000

State Coordinator

If you need further assistance with your children's educational needs,
contact the National Center for Homeless Education:

1-800-308-2145 * homeless@serve.org * www.serve.org/nche

INFORMACIÓN PARA LOS PADRES



SI SU FAMILIA VIVE EN CUALQUIERA DE LAS SITUACIONES SIGUIENTES:

En un albergue



En un motel o un sitio para acampar debido a la falta de una alternativa adecuada



En un parque, un edificio abandonado, o una estación de trenes o de autobuses



Compartiendo la vivienda de otras personas debido a la pérdida de su casa
o a una dificultad económica

Sus hijos de edad escolar podrían calificar para recibir ciertos derechos y protecciones bajo la ley federal McKinney-Vento.

Sus hijos elegibles tienen derecho a:

- Recibir una educación pública gratuita y apropiada.
- Inscribirse en la escuela inmediatamente, aunque falten documentos normalmente requeridos para la inscripción.
- Inscribirse y asistir a clases mientras que la escuela obtiene los documentos necesarios.
- Inscribirse en la escuela local; o continuar asistiendo a la escuela de origen (la escuela a la cual su hijo asistió cuando tenía una residencia permanente, o la última escuela en la cual estaba inscrito), si esto es su preferencia y es factible.
 - * Si el distrito escolar cree que la escuela escogida por usted no es la mejor para sus hijos, el distrito tiene que darle a usted una explicación escrita de su posición e informarle de su derecho de apelar su decisión.
- Recibir transporte a/de la escuela de origen, si usted lo pide.
- Recibir servicios educacionales comparables a los que están provistos para otros estudiantes, según las necesidades de sus hijos.

Si usted cree que sus hijos podrían ser elegibles, contacte al oficial para la educación de los niños y jóvenes sin hogar de su distrito escolar para averiguar los servicios y ayudas que podrían estar disponibles. También puede haber apoyo disponible para sus hijos de edad preescolar.



Oficial para la educación de los niños y jóvenes sin hogar

Lydia Smith, Mt. Vista School
520-896-3000

Coordinador estatal

Si usted necesita ayuda adicional con las necesidades educacionales de sus hijos, contacte al Centro Nacional de Educación para los Niños y Jóvenes sin Hogar:
1-800-308-2145 * homeless@serve.org * www.serve.org/nche



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. ¿Cuál idioma habla el estudiante con mayor frecuencia? _____
3. ¿Cuál 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.

ORACLE SCHOOL DISTRICT#2
ANNUAL NOTIFICATION TO PARENTS REGARDING
CONFIDENTIALITY OF STUDENT EDUCATION RECORDS
2017-2018

Dear Parents:

The Oracle School District Governing Board has established written policies regarding the collection, storage, retrieval, use, and transfer of student educational information collected and maintained pertinent to the education of all students to ensure the confidentiality of the information to guarantee parents and students' right to privacy. These policies and procedures are in compliance with:

The family Education Rights and Privacy Act; Title 20, United States Code, Sections 1232g and 1232h; and the Federal Regulations (34CFR, Part 99) issued pursuant to such Act:

The Education of All Handicapped Children Act; Title 20, United States Code, Sections 1412 (2) (D) and 1417 ©; and the Federal Regulations (34 CFR 300.560-300.574) issued pursuant to such Act: and

Arizona Revised Statutes, title 15, Section 141.

Student education records are collected and maintained to help in the instruction, guidance, and educational progress of the student; to provide information to parents and staff; to provide a basis for the evaluation and improvement of school programs; and for legitimate educational research. The student records maintained by the district may include, but are not necessarily limited to, identifying data; report cards and transcripts of academic work completed; standardized achievement test scores, attendance data; reports of psychological testing; health data, teacher or counselor observations; and verified reports of serious or recurrent behavior patterns.

These reports are maintained in the administrative offices at Oracle Ridge and Mountain Vista and are available only to the teachers and staff working with the student. If your son/daughter should transfer to another school, these records will be sent to the new school upon their request. Otherwise, records are not released to most agencies or persons without prior written consent of the parent.

You have the right to inspect and review any and all records related to your child, including a listing of persons who have reviewed or have received copies of the information. Parents wishing to review their children's records should contact **Mrs. Nannette Soule**, Principal, for an appointment. School personnel will be available to explain the contents of the records to you. Copies of student education records will be made available to parents when it is not practicable for you to inspect and review the records at the school. Charges for the copies of records will be actual cost of copying.

If you believe information in the record file is inaccurate or misleading, you have the right to request that a correction be made and to add comments of your own. If any time an agreement between the principal and parent cannot be reached, you may contact the Superintendent, and request a hearing.

You shall be informed when personally identifiable information collected, maintained, or used is no longer needed to provide educational services to your child. The information must be maintained for two years after the date your child was last enrolled in this school district.

Copies of the District Student Education Record Confidentiality Policies and Procedures may be reviewed in the principal's office in each school. Federal law also permits a parent to file a complaint with the Family Educational Rights and Privacy Act Office in Washington, D.C., if you feel the school is violating public school records policies and statutes.

I have had an opportunity to ask questions about the information provided on the sheet entitled "Confidentiality of Certain School Records (Psychological/Special Educational)" and understand what it means. It was provided for me in my primary language.

Parent/Guardian Name

Date

PERMISSION FORM AND RELEASE OF CLAIMS
ORACLE SCHOOL DISTRICT #2
2017-2018

Permission to participate in off campus activities (e.g., field trips, Hope week walk/activities, etc.)

I hereby give my child _____ permission to participate in the off campus activities operated as a part of the school curriculum.

Release of Claims

I hereby fully release and discharge the Oracle School District #2 and its officers, agents and employees from any and all claims resulting from injuries, including death, personal injury, damages and losses to property sustained by my minor child arising out of or in any way connected with the activities of the program(s), except for those injuries caused by the willful and wanton acts of omissions of the District and its officers, agents or employees are not released.

Medical Treatment Permission

In the event of an emergency, I authorize the Oracle School District #2 and its officers, agents, and employees to secure from any licensed hospital, physician or other medical care provider any treatment deemed necessary for my minor child's immediate care. I will be responsible for any and all medical services rendered.

I have read and fully understand the release of claims and the permission for medical treatment. I understand that my signature is required below in order for my child to participate in the activities of the Oracle School District #2.

Signature of Parent or Guardian

Date

Printed Name

Address

Oracle School District #2

Permission to Photograph

I give the Oracle School District permission for my son/daughter _____, to be photographed and identified by name, grade, and any other information for the purpose of news articles and pictures in the newspaper or through school projects, which acknowledge my child's achievements and accomplishments, as well as his/her participation in sports and other activities.

In addition, I give permission for my child's picture to (possibly) be included on the school website. Students will not be identified by name, grade, or other information.

Parent Signature

Date

Oracle School District #2

STUDENT & STAFF GUIDELINES FOR APPROPRIATE USE OF TECHNOLOGY RESOURCES

ACCEPTABLE USE OF SCHOOL COMPUTERS

Acceptable use of the electronic information services (EIS) requires that the use of these resources be in accordance with the following guidelines and support the educational goals of Oracle School District #2.

The user must:

1. Use the EIS for district purposes only.
2. Agree not to submit, publish, display or retrieve/download any inappropriate material, including material that is defamatory, abusive, obscene, profane, gang-related, sexually explicit, threatening, racially offensive or illegal.
3. Not attempt to harm, modify without system administrator approval, gain unauthorized access to district systems or data, destroy software, or interfere with system security.
4. Agree not to load/install unauthorized software/programming on district computers.
5. Notify a system administrator if a password is lost or stolen, or if there is reason to believe that someone has obtained unauthorized access to the system.
6. Not use the network in a way that would disrupt the use of the network by others.
7. Understand that e-mail and network/Internet access should not be considered secure or private.
8. Not reveal home addresses or personal phone numbers over the EIS.
9. Agree not to post, publish, or submit photographs of students on the web without the express written consent of the district and parent/guardian.
10. Not use the EIS to make any unauthorized purchases or to conduct any non-approved business.
11. Abide by all copyright regulations, thereby refraining from illegally copying copyrighted software.
12. Follow all District Policies and Student Handbook rules as written.

The use of computing resources in the Oracle School District #2 is a privilege, not a right. Any action by a user specifically delineated in this document or determined by a system or school administrator to constitute an inappropriate use of a computer system or network system is subject to consequences. Know that all system use and internet access on district connections and equipment is monitored for appropriateness and alignment with this document.

Depending on the seriousness of the user's offense, consequences will be administered as stipulated in the OSD handbook, OSD Student Discipline Code, and/or District Policies. Users will also be subject to all applicable laws.

I understand and will abide by the above terms and conditions of this acceptable use policy, and will use computer and electronic resources for district purposes only. I further understand that any violation of this agreement is unethical and may constitute a criminal offense and may result in civil liability to me and my parents or guardians, if I am under age 18. Should I commit any violation, I am subject to consequences of the school and district disciplinary code and of state and federal law.

USER/STUDENT NAME (PRINT): _____

USER/STUDENT SIGNATURE: _____ Date: _____

PARENT / GUARDIAN SIGNATURE: _____ Date: _____

Please attach \$5.00 to this form.
ORACLE SCHOOL DISTRICT #2
EXTRACURRICULAR ACTIVITY FEES 2017-2018

Students Name _____ Grade _____

Accompanying this form is the amount of \$ _____, as payment of extracurricular activity fees.

For districts with more than one school:

I want my contribution to support extracurricular activities at the following schools:

\$ _____ Mountain Vista School

_____ Field Trips

_____ After-School Sports

_____ Cheerleading

_____ General Extracurricular Fund

_____ Other _____

Optional: Please apply my contribution to the following program(s): _____

The following information is required for the District's report to the Arizona Department of Revenue to verify eligibility for the tax credit allowed by A.R.S. 43-1-89.01.

Name _____ Social Security # _____

Address _____

_____ Date _____

_____ (For school office use only)

Received by: _____

Date _____

Credited _____

(Adopted April 1999)

MOUNTAIN VISTA SCHOOL

School Health Office 520.896.3000

Over the Counter Medication Consent Form 2017-2018

I hereby authorize and give my consent for the school health aide or person designated by the administrator, to give the age appropriate dose of the below named over the counter medications as directed to my child: _____ grade _____

✓ **Check those medications you give permission for your child to receive through the Health Office to get them temporarily thru the day:**

Note: Generic Medications given when possible. All meds listed may or may not be available

- ◇ Antacid (Tums) 1-2 for heartburn, gas or mild upset stomach
- ◇ Acetaminophen (Tylenol) 1 -2 tab for mild headache or pain
- ◇ Ibuprofen (Advil/Motrin) 1-2 tab for menstrual pain or musculoskeletal pain
- ◇ Cough drops 1 -2 for cough
- ◇ Diphenhydramine (Benadryl) 1 tab for bite/sting or rash/hives
- ◇ Sunscreen absorbs or reflects some of the sun's ultraviolet radiation
- ◇ Eye drops due to treat itching due to allergies

Route of administration: to be given by mouth
Amount to be given: Age/wt. appropriate dose
Time of day to be given: as needed during school hours

Other OTC Medication(s): _____
(Provided by parent)

This will need to arrive in its **original, unopened** container/box and will be administered as directed above. **Parent/Guardian understands medications remaining after the last day of school year will be discarded.**

ALLERGIC TO ANY MEDICATION? YES or NO

Please list any health conditions that your child is diagnosed with, ie, asthma, seizures, etc.

X
Signature (Parent/Guardian) _____ Date _____

*****ATTENTION: FOR ANAPHYLAXIS (EPI-PEN), ASTHMA (INHALERS), DIABETES USE ONLY*****

Students are not allowed to carry and self-administer any medications. **Exceptions: medication for diagnosed anaphylaxis (Epi Pen), breathing disorders requiring hand held inhaler devices and diabetes. They must have a prescription label on the actual Epi Pen or Inhaler.**

*Please ask the pharmacist to print an extra label for this purpose.

*Any prescribed medication, must have Permission to Administer during school hours form, filled out by physician as well.

I, the undersigned Parent/Guardian, release the school district and its employees, agents and officers of any responsibility in safeguarding the student's inhaler, Epi-Pen, or diabetic supplies.

SIGN HERE for medication to be stored in Health Office and administered by staff.

OR SIGN HERE to authorize students to carry/self Administer inhaler, Epi-Pen or diabetic supplies

Signature Parent/Guardian _____ Date _____

Signature Parent/Guardian _____ Date _____

ORACLE SCHOOL DISTRICT

2017-2018

MEDICAL HISTORY/ Historio Medico

Student's Name (Nombre del estudiante): _____ Date (Fecha): _____
School (Escuela): _____ Birth Date (Fecha de nacimiento): _____
Grade (Grado en escuela): _____

We request that you complete this form entirely. It will help us insure that your child receives proper care should he/she become ill or injured at school. This information will be kept confidential.

Es necesario llenar esta forma completamente. Nos ayuda a asegurar que el estudiante reciba ayuda necesario. Esta informacion er mantenida confidencial.

Please check the following if any apply to your son/daughter:

Indique por favor si cualesquiera de estas condiciones medicas se aplican a su hijo o hija

Illness (Enfermedades)	Circle YES or No (Encierra si o no)	Date of Diagnosis MO/ YR (Fecha del diagnostico)	Comments: (Comentario)
Chicken Pox/Varicella disease (Varicela o Viruela loca)	Yes or No		
Arthritis (Artritis)	Yes or No		
Asthma (Asma)	Yes or No		
Diabetes (Diabetis)	Yes or No		
Seizure disorders (Convulsiones)	Yes or No		
Bleeding disorders (Cindicion de la sangria)	Yes or No		
Anemia	Yes or No		
Heart Condition (Condicion del corazon)	Yes or No		
Rheumatic Fever (Fiebre Reumatica)	Yes or No		
Tuberculosis/Positive TBC Skin Test (Tuberculosis/Prueba de tuberculoso)	Yes or No		
Valley Fever (Fiebre del Valle)	Yes or No		
Urinary problem (Condicion urinario)	Yes or No		
Orthopedic problem (Problema ortopedi- co)	Yes or No		
Skin condition (Condicion de la piel)	Yes or No		
Scoliosis (Escoliosis)	Yes or No		
Frequent colds (Resfrio frecuentes)	Yes or No		
Frequent sore throats (Dolor de garganta frecuente)	Yes or No		
Nosebleeds (Sangramiento por la nariz)	Yes or No		
Persistent cough (Tos persistente)	Yes or No		
Hearing problem (Problemas de oido)	Yes or No		
Earache/Ear Infections (Dolor de oido/Infecciones de oido)	Yes or No		
Frequent headaches or migraines (Los Dolores de cabeza o migrana frecuentes)	Yes or No		
Frequent Stomach Aches (Dolor de estomago frecuentes)	Yes or No		
Frequent tooth aches (Dolor de muelas frecuentes)	Yes or No		

Surgeries(Cirugia)	Yes or No		
Serious injuries (Lastimaduras Seria)	Yes or No		
Scarlet Fever (Escarlatina)	Yes or No		
Wears glasses or contacts (Unsan lentes o lentes de contacto)	Yes or No		
Allergies (Please list all food, edi- cations, Other) (Alergia (incluir comida, medicacion, Otras cosas que causan alegias),	Yes or No		

Doctor's Name _____ Phone: () _____
Dentist's Name _____ Phone: () _____
Preferred Hospital _____

Does student have any medical concerns, allergies, or chronic illnesses: If yes, please specify: _____

Does child take medication on a regular basis? If yes, please specify _____

Incase of serious illness, your child will be taken to the closest hospital by ambulance, if necessary, and emergency treat-
ment will be provided until parent or legal court ordered guardian can be contacted. Any expense for emergency transpor-
tation and/or treatment shall be the responsibility of the parent or legal court ordered guardian.

Form completed by: _____ Relationship to Child _____

Parent or legal court ordered guardian signature

Date

Name and Address of School Last Attended:

NEW STUDENTS ONLY

ORACLE SCHOOL DISTRICT #2

Mountain Vista School
725 North Carpenter Dr.
Oracle, AZ. 85623

School Records Requested for: _____
DOB _____. The above named student has enrolled at Oracle Mountain
Vista School in grade _____.
Would you please send transcripts and other pertinent school records pertaining to this
student to:

Mountain Vista School
725 North Carpenter Dr.
Oracle, AZ 85623
(520) 896-3000 – Fax (520) 896-3062

Please send all Psychological Evaluation Records, Special Education Placement Records
and /or other Special Programs to:

SPECIAL EDUCATION DIRECTOR
Mountain Vista School
725 North Carpenter Dr.
Oracle, AZ. 85623
(PH) 520-896-3052 - (FX) 520-896-3061

I hereby grant my permission for all confidential, medical, psychological, and academic
information relative to my child to be released to the Oracle School District.

Parent/Guardian

Date

Or

Oracle School District
Mountain Vista School
Barbara Frost
Lydia Smith