

**STUDENT ENROLLMENT FORM**

Legal Last Name:		First Name:		Middle:		Suffix:	
Grade (current school year): <input type="checkbox"/> PS <input type="checkbox"/> KG <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12						Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
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?							
SAIS ID (if provided):		Birth Date:		Birth State:		Birth Country:	
Ethnicity: (mark only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino				Race: (mark all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian			
<b>*Ethnicity/Race Reporting Details on the following page.</b>				<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander			
Student Home Address:			City:		State:		Zip Code:
Mailing Address (unless same as home address):							

School Last Attended:		Address:		School Telephone#	
Has your child ever received any of the following?					
Special Education Services <input type="checkbox"/> Yes <input type="checkbox"/> No		Gifted Services <input type="checkbox"/> Yes <input type="checkbox"/> No		504 Plan Services <input type="checkbox"/> Yes <input type="checkbox"/> No	
ELL Services <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the student under refugee status? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what Country?		I-94 Number		Country where the student was born?	
Has the student attended U.S. school for more than 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, how many years in the U.S. schools?					
Are any family members engaged in agriculture related employment? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Mother's Information:**

First Name:		Last Name:		Home Phone:	
Address:		City		State	Zip Code
Place of Employment		E-mail Address		Cell Phone:	
				Work Phone:	

**Father's Information**

First Name:		Last Name:		Home Phone:	
Address:		City		State	Zip Code
Place of Employment		E-mail Address		Cell Phone:	
				Work Phone:	

**Legal Guardian/Other Information:** Legal Guardian Step Parent Other:

First Name:		Last Name:		Home Phone:	
Address:		City		State	Zip Code
Place of Employment		E-mail Address		Cell Phone:	
				Work Phone:	

 Custody of Student: Joint Mother Father State Temporary Other

 Student lives with: Both Parents Mother Father Guardian Foster Other

 Please do not send me District information via email.

**SCHOOL USE ONLY**
 Custody Papers

 Other Documentation

**EMERGENCY INFORMATION**
**Persons to contact, other than parent, if child becomes ill:**

Name:		Relationship to Student		Home Phone:		Cell Phone:		Work Phone:	
Name:		Relationship to Student		Home Phone:		Cell Phone:		Work Phone:	

I certify, by my signature, that I am either the parent or guardian of the above student and that the above information is true, accurate, and up to date. Also, I hereby grant the Peoria Unified School District staff permission, in an emergency, to take my child to the closest emergency center for treatment in the event that I cannot be reached. It is understood that the nurse will try to reach the parent(s) and other persons listed above before arranging for transportation to an emergency facility.

Parent/Guardian Signature:

Date:

**SCHOOL USE ONLY**

Student Enter Date:		Student Enter Code:		Grade:		Teacher/Counselor:		Room:	
Variance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Transportation:		Tuition Type:		Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No		Immunization Record: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Birth Verification Document:				Hispanic Determination:					
Student Perm ID #:		SAIS ID#:		Prev. School CTSD#:			Prev. School Student ID:		
Date Entered Into SIS:				Entered By:					



# Peoria Unified School District #11 McKinney-Vento Residency Survey

Date:

SCHOOL OFFICE STAFF ONLY
School:
Perm ID #
Grade:
Start Date:

This questionnaire is intended to address the McKinney -Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the service the student may be eligible to receive. Eligibility must be reviewed and reevaluated every school year.

STUDENT NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
PARENT/GUARDIAN NAME	PHONE NUMBER(S)	
ADDRESS	CITY	ZIP
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE NUMBER(S)	

Is the student and/or family housing situation a temporary living arrangement?  Yes     No

If yes, is this housing situation due to a loss of house, economic hardship or traumatic event?  Yes     No

**Continue ONLY if you answered "Yes" to BOTH questions above**

Where is the student or family currently residing?

<input type="checkbox"/>	Living temporarily with a friend or family in a house or apartment Name and phone of that person: _____
<input type="checkbox"/>	Homeless/domestic violence shelter or transitional housing Program name and phone: _____
<input type="checkbox"/>	Hotel or motel Hotel/motel name and phone: _____
<input type="checkbox"/>	A place not designed for ordinary sleeping accommodations (are, park, campsite, etc.).
<input type="checkbox"/>	Student is living with someone other than legal parent/guardian. Name and phone of that person: _____
<input type="checkbox"/>	Student is in an emergency placement awaiting foster care. Type of residence: <input type="checkbox"/> Friend or relative's home/apt <input type="checkbox"/> Foster home <input type="checkbox"/> Group home <input type="checkbox"/> Emergency shelter Student's entry date in present placement: _____ Name of group home or shelter and phone: _____ DCS caseworker name and phone: _____

What is the expected length of stay at the location above?

Do you have other children in the Peoria Unified School District?  Yes     No  
If yes, list name(s) and school(s): \_\_\_\_\_

What school did child last attend?	In what school district?
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The student or your family is in need of assistance in the following areas (*not all services are available at all sites*)

<input type="checkbox"/> School supplies	<input type="checkbox"/> Enrollment documents	<input type="checkbox"/> Counseling services
<input type="checkbox"/> Clothes/hygiene	<input type="checkbox"/> Weekend food/snack packs	<input type="checkbox"/> Preschool/Head Start
<input type="checkbox"/> School transportation	<input type="checkbox"/> Referrals for community resources	<input type="checkbox"/> Other _____

I declare that the information I have provided is true and correct and of my own knowledge.

PARENT/GUARDIAN SIGNATURE	DATE
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SCHOOL PERSONNEL ONLY		
As the designated point of contact for the McKinney-Vento program at PUSD, I confirm this student is eligible.	QUALIFIED SCHOOL OR DISTRICT REPRESENTATIVE SIGNATURE	DATE

**PRIMARY HOME LANGUAGE OTHER THAN ENGLISH (PHLOTE)  
HOME LANGUAGE SURVEY**



State of Arizona  
Department of Education  
Office of English Language Acquisition Services  
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?**

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**2. What is the language most often spoken by the student?**

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**3. What is the language that the student first acquired?**

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Student Name:

Student ID:

Date of Birth:

SAIS ID:

Signature of Parent/Guardian:

Date:

District or Charter:

School:

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, indicate the student's home or primary language.

**ARIZONA DEPARTMENT OF EDUCATION  
ARIZONA RESIDENCY DOCUMENTATION FORM**



Arizona Department of Education  
Arizona Residency Documentation Form

Student Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School District or Charter Holder: \_\_\_\_\_

Parent/Guardian Name (PRINT): \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

House number and street address Apartment number

City State Zip Code

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 (noted above) or physical description of the property where the student resides:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- <sup>1</sup>Valid Arizona Address Confidentiality Program authorization card
- Real estate deed or mortgage documents
- Property tax bill
- Rental lease or agreement (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 in Arizona
- Documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)
- Temporary on-base billeting facility (for military families) \*
- 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. **\*NOTE if this box is checked, this document must be accompanied by the Affidavit of Shared Residence form.**

Signature of Parent/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 legal purposes. Armed service members may utilize a temporary on base billeting facility as the address for proof of residency.  
#2803440

**ARIZONA DEPARTMENT OF EDUCATION  
 ARIZONA RESIDENCY DOCUMENTATION FORM  
 AFFIDAVIT OF SHARED RESIDENCE**

 State of Arizona  
 Affidavit of Shared Residence

Student Name: \_\_\_\_\_

Parent/Guardian Name (PRINT): \_\_\_\_\_

School Name or Charter Holder: \_\_\_\_\_

Name of Arizona Resident: \_\_\_\_\_

I, (resident name) \_\_\_\_\_ 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 (Indicate first and last name of every person):  
 \_\_\_\_\_

Location of my residence: \_\_\_\_\_

House number and street address \_\_\_\_\_ Apartment number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I submit in support of this attestation a copy of the following document that displays my name and current residence address (noted above) or physical description of my property:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- <sup>1</sup>Valid Arizona Address Confidentiality Program authorization card
- Real estate deed or mortgage documents
- Property tax bill
- Rental lease or agreement (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 (506 form) or other identification issued by a recognized Indian tribe in Arizona
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)

Printed Name of Affiant: \_\_\_\_\_ Signature of Affiant: \_\_\_\_\_

**NOTARY ACKNOWLEDGEMENT**

State of Arizona, County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

By \_\_\_\_\_

**ARIZONA DEPARTMENT OF EDUCATION  
 STUDENT DIRECTORY INFORMATION RELEASE FORM**


State of Arizona

During the school year, school district or charter school staff members may compile non-confidential student directory information specified below.

According to state and federal law the below-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. If the district governing board or charter school governing body permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the district or charter operator is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. If you do not object to the release of any and all of the below-designated information in writing, then the district/charter operator must provide military recruiters, upon request, directory information about the student.

If you do not want Peoria Unified School District to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the principal within two (2) weeks of receiving this form, or October 31, whichever occurs first. If the school district or charter school does not receive this form within the prescribed time, it will be assumed that your permission is given to release your son/daughter's designated directory information. Peoria Unified School District has designated the following information as directory information: [NOTE: an LEA may, but does not have to, include all the information listed below.]

To: Principal

In regard to my student \_\_\_\_\_ in grade \_\_\_\_\_

 I **do** consent to military release

 I **do** consent to educational release

 I **do not** consent to military release

 I **do not** consent to educational release

The following information is what may be released:

Student's Name

Telephone Listing

Address

Electronic mail address

Photograph

Grade Level

Honors and awards received

Enrollment status (e.g. part time or full-time)

Data and place of birth

Dates of attendance

Weight and height (members of athletic teams)

Most recent educational agency or institution attended

Major field of study

Participation in officially recognized activities/sports

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

**SPECIAL PROGRAM SERVICES INFORMATION SURVEY**

Parents or guardians of students should complete this form at time of enrollment:

In order to provide continuity in the educational environment, it is important that we are informed of any special education services previously received by your child. Please complete the following form and feel free to add any comments in the space provided below.

Student Name:

First

Middle

Last

Previous School

Has your son/daughter ever had any Special Program Services provided for him/her at a previous school?

Yes  No

Has your son/daughter ever been tested for Special Program Services while at a previous school?

Yes  No

Have you ever signed an individualized Education Plan (IEP) that provides for Special Program Services for your son/daughter?

Yes  No

If yes, please indicate previous school and approximate date the most recent IEP was written

Has your son/daughter received any special program services in the past but is no longer in need of these services?

Yes  No

Please check the special programs that your student has participated in:

- Gifted and honors classes
- Specific learning disability (tutoring or resource room support)
- Speech and language therapy
- Multiple disabilities
- Orthopedic impairment (Physical or Occupational Therapy or Adaptive PE)
- Other health impairment
- Hearing impairment
- Visual impairment
- Emotional disability, self-contained classroom
- Emotional disability, resource room support
- Traumatic brain injury
- Section 504 Accommodation Plan
- English as Second Language Program/Bi-lingual resource)
- Other or comments

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Signature of Parent/Guardian

Date

## STUDENT HEALTH HISTORY

**PLEASE UNDERSTAND THAT BY FILLING OUT THIS INFORMATION IT MAY BE SHARED WITH THE APPROPRIATE SCHOOL AND MEDICAL PERSONNEL.**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

The following information may be helpful in assessing a child's health/learning. If you do not wish to complete the entire form, you may wish to speak personally with your school nurse.

**DOES YOUR CHILD HAVE OR HAD A HISTORY OF:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Allergic to Food _____<br><input type="checkbox"/> Allergic to Meds _____<br><input type="checkbox"/> Allergies/Seasonal<br><input type="checkbox"/> Asthma<br><input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe<br><input type="checkbox"/> Attention Deficit Disorder/ADHD<br><input type="checkbox"/> Anxiety<br><input type="checkbox"/> Bleeding Disorders**<br><input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Chicken Pox : Age _____<br><input type="checkbox"/> Diabetes**<br><input type="checkbox"/> Depression<br><input type="checkbox"/> Seizure Disorder/Epilepsy**<br><input type="checkbox"/> Scoliosis<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Ear Infections<br><input type="checkbox"/> Headaches<br><input type="checkbox"/> Migraines (diagnosed by Doctor) | <input type="checkbox"/> Heart Problems<br><input type="checkbox"/> High Blood Pressure<br><input type="checkbox"/> Kidney Disorder<br><input type="checkbox"/> Osgood Schlatter's<br><input type="checkbox"/> Irritable Bowel Syndrome<br><input type="checkbox"/> Celiac Disease<br><input type="checkbox"/> Frequent UTIs (diagnosed by Doctor) |
|---|--|--|

\*\*THESE STUDENTS MUST HAVE A CURRENT TREATMENT PLAN ON FILE IN THE HEALTH OFFICE. \*\*

**HAS YOUR CHILD EVER HAD:**

- |   |  |
|---|--|
| <input type="checkbox"/> Surgery<br><input type="checkbox"/> Psychological Exam<br><input type="checkbox"/> Been in special classes<br><input type="checkbox"/> Hearing Problems<br><input type="checkbox"/> Tubes in ears<br><input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Speech difficulties<br><input type="checkbox"/> Serious Accident/injury<br><input type="checkbox"/> Vision Problems<br><input type="checkbox"/> Is your child restricted from any physical activities (Must have note from Doctor)<br><input type="checkbox"/> Or have any food or dietary restrictions |
|---|--|

**IS YOUR CHILD CURRENTLY TAKING MEDICATIONS? LIST ALL BELOW**

MEDICATIONS	DOSE	FREQUENCY	REASON

**PLEASE EXPLAIN ALL ABOVE MARKED ANSWERS:**

**THIS INFORMATION WOULD BE HELPFUL TO HAVE IN CASE YOUR CHILD NEEDS TO BE ASSESSED FOR ANY SPECIAL SERVICES:**

**Prenatal History:**

Toxemia:  Yes  No      Diabetes:  Yes  No  
 Length of Pregnancy: \_\_\_\_\_ months      Length of Labor: \_\_\_\_\_ hours      Injuries during pregnancy:  Yes  No

**Birth History:**

Birth weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz.      Needed oxygen?  Yes  No      Jaundice?  Yes  No      Seizures?  Yes  No

**At what age did this child:**

Roll over: \_\_\_\_\_      Sit up: \_\_\_\_\_      Walk: \_\_\_\_\_      Dress self: \_\_\_\_\_      Speak first word: \_\_\_\_\_  
 Speak in 2 or 3 word sentences: \_\_\_\_\_      Daytime bladder control: \_\_\_\_\_      Nighttime bladder control: \_\_\_\_\_  
 Is this child's speech difficult to understand:  Yes  No

**DOES YOUR CHILD HAVE SPECIFIC, SPECIAL MEDICAL/EMOTIONAL NEEDS THAT WE NEED TO BE AWARE OF? IF SO, PLEASE EXPLAIN:**

PLEASE CONTACT YOUR SCHOOL'S NURSE TO DISCUSS YOUR CHILD'S MEDICAL CONCERNS.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_





PEORIA UNIFIED SCHOOL DISTRICT #11
PHOTO & VIDEO RELEASE FORM

Student Name

Parent/Guardian Name

Background: During the school year students may be photographed, recorded or filmed by Peoria Unified School District staff or other approved individuals, including the news media, while participating in school programs and activities. Students may also create schoolwork and/or other intellectual property, such as artwork, essays, and poetry ("creative work") as part of the educational process.

Purpose: The purpose of this Photo and Video Release Form is to identify those families who do not consent to give the Peoria Unified School District permission and authority to use and/or publish you and/or your child's name, image, and/or creative works to further the district's educational mission. The district is asking that all parents/guardians sign and return this form. If you do not sign or return this form, the district will assume you are granting permission to participate in pictures, videos or other promotional opportunities.

Consent and Release:

The district may use, release, and/or publicize my and/or my child's name, image (in any form), and creative work through any medium whatsoever, including, but not limited to, the internet, written publication, and broadcast for any educational, editorial, promotional, business or other purpose without prior notice or compensation. The district may exercise its rights as it deems appropriate for its productions, for advertising, and for other purposes. By signing below, I intend for the district to rely upon this Release; and

I agree to release, not to sue, and to indemnify and hold the district harmless for, from and against any and all injuries, claims, demands, damages, actions, causes of action, suits or judgments of any kind or nature whatsoever (including attorneys' fees and other costs in the defense of any such claim or suit) brought by myself or on behalf of myself or my child as a result of any claim, loss, damage, or injury to any persons or property arising out of or in any way relating to any action, inaction, or participation in any video or photographic production of the district.

I do consent to the above. I do not consent to the above.

I do not consent to the above; however, I do grant permission for my child's photograph to be included in the school yearbook.

Signature of Student (if over 18)

Date

If Student is under 18:

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date



# ECCEL Preschool Program

## 2021-2022 AGREEMENT



**IMPORTANT: Completing this form is REQUIRED and must be included to register for ECCEL Preschool**

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### Terms and Conditions:

General Education preschool enrollment requires a **non-refundable** registration fee. Registration will *not be accepted or processed without the registration fee.*

Fees are based on a daily rate and the *number of school days* a student is enrolled in the program. The total is divided into ten equal installments which are due the 1<sup>st</sup> of each month, August through May. Monthly fees are the same whether your child attends class and regardless of the number of school days during the month. There are no refunds or credits for absences or illness. No fees have been calculated for the two-week Winter Break or the one-week Fall and Spring Breaks. Monthly installments must be received no later than the last day of the month they are due. If your account becomes past due, your child may be removed from the program. **Changes to your child's enrollment could reflect in changes to fees for their continued participation.**

\_\_\_\_\_ **Withdrawal: Two weeks' notice is required, prior to your child's last day in class. You must contact the Preschool Enrollment Office at Sky View at 623-773-6675 to withdraw. For general education students, fees will accrue for the two weeks and are your responsibility.**  
(initial here)

\_\_\_\_\_ **Past due accounts for Preschool and KidZone from any prior year(s) must be paid in full to register for this fee-based program. This includes past due balances owed on sibling accounts.**  
(initial here)

\_\_\_\_\_ **You will be provided with an ECCEL Parent Handbook and agree to read upon receipt for full program details.**  
(initial here)

\_\_\_\_\_ **All non-sufficient funds checks are automatically forwarded to the District's collection agency and will result in a non-sufficient fund fee in addition to any fees charged by your bank.**  
(initial here)

### **COMPLETE ALL SECTIONS BELOW** (please print)

STUDENT FIRST NAME		STUDENT LAST NAME	DATE OF BIRTH (mm/dd/yy)
PARENT/GUARDIAN FIRST NAME		PARENT/GUARDIAN LAST NAME	
SCHOLARSHIP APPLICATION Applications will be available in May 2021. ONLY complete applications will be reviewed. You will be notified of the status of your child's fees prior to starting. <input type="checkbox"/> N/A <input type="checkbox"/> Took <input type="checkbox"/> Submitted		IF APPLICABLE: 20% DISCOUNT One discount per family (check appropriate box) <input type="checkbox"/> PUSD Contracted Employee for 2021/22 school year <input type="checkbox"/> Sibling Discount (paying for more than one child in PreK) Sibling's Name _____	
PARENT/GUARDIAN SIGNATURE			DATE

**Your signature above indicates that you agree to the terms and conditions for your child(ren) to participate in the Peoria Unified ECCEL Preschool program for the 2021-2022 school year.**