

## 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 <b>*Ethnicity/Race Reporting Details on the following page.</b>				Race: (mark all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <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					

<b>Parent/Guardian Information:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent 1 <input type="checkbox"/> Step Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other						
First Name:		Last Name:			Home Phone: (    )	
Address:		City		State	Zip Code	Cell Phone: (    )
Place of Employment		E-mail Address				Work Phone: (    )
<b>Parent/Guardian Information:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent 2 <input type="checkbox"/> Step Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other						
First Name:		Last Name:			Home Phone: (    )	
Address:		City		State	Zip Code	Cell Phone: (    )
Place of Employment		E-mail Address				Work Phone: (    )
Military Status: Start Date <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves End Date: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other						

<b>SCHOOL USE ONLY</b>						
Custody of Student: <input type="checkbox"/> Joint <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent 1 <input type="checkbox"/> Legal Guardian <input type="checkbox"/> State <input type="checkbox"/> Temporary <input type="checkbox"/> Other						
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent 2 <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other						
<input type="checkbox"/> Custody Papers <input type="checkbox"/> Other Documentation						

<b>EMERGENCY INFORMATION</b>				
<b>Persons to contact, other than parent, if child becomes ill:</b>				
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:** \_\_\_\_\_

☐ Please do not send me District information via email.

<b>SCHOOL USE ONLY</b>						
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:		

## Educational Rights of Homeless Students

The Peoria Unified School will provide an educational environment that treats all students with dignity and respect. Every homeless student shall have equal access to the same free and appropriate opportunities as students who are not homeless. Peoria unified is committed to upholding the educational rights of homeless children, youth, and unaccompanied youth, through all services, programs, and activities provided or made available.

### McKinney-Vento Definition of Homeless:

*The term “homeless children and youth”— means individuals who lack a fixed, regular, and adequate nighttime residence [\[42 U.S.C. § 11434a\(2\)\]](#).*

A student may be considered eligible for services as a “Homeless Child or Youth” under the McKinney-Vento Homeless Assistance Act if he or she is presently living in one of the following situations:

- sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason,
- living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations,
- living in emergency or transitional shelters; or are abandoned in hospitals,
- have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,
- living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- is a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in the circumstances described above.

To remove educational barriers for children and youths experiencing homelessness, the McKinney-Vento Act mandates the following: **Immediate Enrollment:** Documentation and immunization records cannot serve as a barrier to the enrollment in school [42 U.S.C. §11432(g)(3)(C)].

**School Selection and Maintained Enrollment:** McKinney Vento eligible students have a right to select from the options outlined below. Students may remain enrolled in their selected schools for the duration of homelessness, and until the end of the academic year upon which they are permanently housed or enroll the child or youth in any public school that non-homeless students who live in the attendance area in which the child or youth is living are eligible to attend. [42 U.S.C. §11432(g)(3)(A), 42 U.S.C. §11432(g)(3)(B) and 42 U.S.C. §11432(g)(3)(I) (i)].

School of Origin	School of Residency
The school the student attended when permanently housed	The school in the attendance area in which the student currently resides
The school in which the student was last enrolled	

**Transportation Services:** McKinney-Vento eligible students attending their School of Origin have a right to transportation to and from the School of Origin [42 U.S.C. §11432(g)(1)(J)(iii)].

**Participation in Programs:** McKinney-Vento eligible students are guaranteed the right to services comparable to services offered to other students in the school [42 U.S.C. §11432(g)(4) & (6)(iii)].

**Unaccompanied Youth Experiencing Homelessness:** McKinney-Vento eligible students are guaranteed the right to immediate enrollment without proof of guardianship [42 U.S.C. §1432(g)(1)(H)(iv)].

**Access to Extracurricular Activities:** Removal of barriers to accessing academic and extracurricular activities for homeless students who meet relevant eligibility criteria [42 U.S.C. §11432(g)(1)(F)(iii)].

**Dispute Resolution:** If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district [42 U.S.C. §11432(g)(3)(E)].

**Appointment of a Local Homeless Liaison:** The McKinney-Vento Act mandates the appointment of a local Homeless Liaison in every school district or local education agency (LEA) to ensure that homeless children and youth are enrolled in and have a full and equal opportunity to succeed in school [42 U.S.C. §11432(g)(1)(J)(ii) and U.S.C. §11432(g)(6)(A)].

For more information, refer to [Arizona Department of Education, Homeless Education, 42 USC CHAPTER 119, SUBCHAPTER VI, Part B: Education for Homeless Children and Youths, and the AZ State ESSA Plan](#). You may also contact:

Maurice (Reece) Stephens Peoria Unified School District 9750 N 87 <sup>th</sup> Ave Peoria AZ 85345 623-486-6261 <a href="mailto:Mstephens@pusd11.net">Mstephens@pusd11.net</a>	Rita Rodriguez Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ 85007 (602) 542-4963 <a href="mailto:Homeless@azed.gov">Homeless@azed.gov</a>
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Today's Date \_\_\_\_\_

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

*School Office Staff*

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 ☐ M or ☐ F DOB \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Address \_\_\_\_\_ City/ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

1. Is the student and/or family housing situation a temporary living arrangement? ☐ Yes ☐ No
2. Is this housing situation due to loss of housing, economic hardship, or a traumatic event? ☐ Yes ☐ No

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

Where is the student or family currently residing?

☐ Living temporarily with a friend or family in a house or apartment

Name & phone # of person \_\_\_\_\_

☐ Homeless/Domestic Violence Shelter or transitional housing

Program name & phone # \_\_\_\_\_

☐ Hotel or motel

Hotel/motel name & phone # \_\_\_\_\_

☐ In a place not designed for ordinary sleeping accommodations (car, park, campsite, etc.)

☐ Student is living with someone other than legal parent/guardian.

Name # of person student living with \_\_\_\_\_

What is the expected length of stay at this address? \_\_\_\_\_

Do you have other children in the Peoria Unified School District? ☐ Yes ☐ No

If yes, list name(s) and school(s) \_\_\_\_\_

What school did your child last attend? \_\_\_\_\_ In what district? \_\_\_\_\_

Is the student or your family in need of assistance in any of the following areas?\*

☐ school supplies

☐ enrollment documents

☐ counseling services

☐ clothes/hygiene

☐ weekend food/snack packs

☐ preschool/Head Start

☐ school transportation

☐ referrals for community resources

☐ other \_\_\_\_\_

\*Not all services are available at all sites.

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

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

\_\_\_\_\_  
Date

**School Personnel Only**

As the designated point of contact for the McKinney-Vento program at PUSD, I confirm this student is eligible.

\_\_\_\_\_  
Signature of qualified school or district representative

\_\_\_\_\_  
Date



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

**Home Language Survey**

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done before the student takes the AZELLA Placement Test.

**1. What language do people speak in the home *most* of the time?**

\_\_\_\_\_

**2. What language does the student speak *most* of the time?**

\_\_\_\_\_

**3. What language did the student *first* speak or understand?**

\_\_\_\_\_

Student Name \_\_\_\_\_ District Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

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

In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 05-2023)



**Arizona Department of Education  
Arizona Residency Guidelines  
REVISED 11/08/2021**

Disclaimer: The Arizona Department of Education is providing these guidelines as technical assistance to the field. These guidelines are how the Arizona Department of Education interprets the below statutes and are not binding nor is it legal advice. If you have any legal questions, please consult an attorney.

## **INTRODUCTION**

Local educational agencies are required to provide all children who reside within the school district with equal access to public education at the elementary and secondary level. The U.S. Supreme Court held in *Plyer v. Doe*, 457 U.S. 202 (1982), that the undocumented or non-citizen status of a student (or his or her parent/guardian) is irrelevant to that student's entitlement to an elementary and secondary public education. However, pursuant to A.R.S. § 15-823, a school district or charter school may not include non-Arizona-resident pupils in their student count and may not obtain state aid for those pupils.

In Arizona, the "district of residence" of a student is determined by the residency of the parent or guardian with whom the student lives. In some cases, the district of residence may also be determined by the residency of a relative who is seeking legal guardianship or custody of a student. A.R.S. § 15-821(D). In addition, if a school district governing board determines that a student's "physical, mental, moral or emotional health is best served by placement with a grandparent, brother, sister, stepbrother, stepsister, aunt or uncle who is a resident within the school district," and the placement with that relative is not "solely for the purpose of obtaining an education in this state without payment of tuition," the student is considered a resident of the district. A.R.S. § 15-823(C).<sup>1</sup>

Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that student/parent residency information is accurate and verifiable. **While a district may restrict attendance to district residents based on available classroom space,<sup>2</sup> inquiring into students' citizenship or immigration status, or that of their parents or guardians, is not relevant to establishing residency within the district. A school district or charter school may not bar a student from enrolling because he or she lacks a birth certificate or has records indicating a foreign place of birth, such as a foreign birth certificate.<sup>3</sup>**

The Arizona Department of Education 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 through documents provided by the parent/guardian may be required to repay the state aid received for that

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<sup>1</sup> See also *Martinez v. Bynum*, 461 U.S. 321 (1983).

<sup>2</sup> Pursuant to A.R.S. § 15-816 and A.R.S. § 15-816.01, Arizona's mandatory open enrollment policies allow a student to apply for admission and transfer to any public school of his or her choice, based on available classroom space, even if it is outside of the student's district of residence. There are two basic types of open enrollment policies: 1) Intra-district: Students transfer to another school within the resident school district, or 2) Inter-district: Students transfer to a school outside of their resident district.

<sup>3</sup> For more information, please read <https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201405.pdf>.



student. The following are examples of verifiable documentation parents may provide to demonstrate that they reside in a district.

### **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 at initial enrollment of a student in a school district or charter school in this state and reaffirmed, although not necessarily recollected, during the district or charter's annual registration process. This process will vary by the school, school district, or charter school (i.e. an annual form asking parents to confirm address).**

**Every school district or charter school is required,<sup>4</sup> within 30 days of enrollment, to obtain a certified copy of a pupil's birth certificate or other reliable proof of the pupil's identity and age,<sup>5</sup> or a letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law. A school district or charter school MAY seek photo identification from the person enrolling a student to ensure that the adult is entitled to enroll the student in school, as long such a requirement does NOT unlawfully bar a student from enrolling in school.<sup>6</sup>**

**In case of an ADE Audit, the school, school district or charter school will be asked what process is used and what documentation is obtained via this process. If the student's residence has not changed, an affirmation (via a checkbox) that the previously provided proof of residency remains accurate should be sufficient. The documentation supporting Arizona residency should be maintained according to the school's records retention schedule.**

For members of the armed services, a school may enroll a student if the parent provides a hard-copy or electronic document of their transfer or pending transfer to a military installation within the state. The parent must provide official documentation of residency within ten days after the arrival date which may include a temporary on-base billeting facility as their address. **PROOF OF RESIDENCY IS NOT REQUIRED FOR HOMELESS STUDENTS.<sup>7</sup>** 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

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<sup>4</sup> A.R.S. § 15-828.

<sup>5</sup> Other proof of the pupil's identity/age includes: pupil's baptismal certificate, an application for social security number or original school registration records and an affidavit explaining inability to provide a copy of the birth certificate, A.R.S. § 15-828 (A)(1)-(3).

<sup>6</sup> For more information, please read U.S. DOJ Civil Rights Division "Fact Sheet: Information on the Rights of All Children to Enroll in School", <https://www.justice.gov/sites/default/files/crt/legacy/2014/05/08/plylerfact.pdf>.

<sup>7</sup> Per A.R.S. § 15-824 (C), "Homeless student" means a pupil who has a primary residence that is: (1) A supervised publicly or privately operated shelter designed to provide temporary living accommodations; (2) An institution that provides a temporary residence for individuals intended to be institutionalized or; (3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

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):

- 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 or off-base military housing)
- 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 located in Arizona
- Other 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)
- Under A.R.S. § 41-5001(A), school districts and charter schools must accept consular identification cards that are issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card.<sup>8</sup>

\*A model Arizona Residency Documentation Form is available for schools at the end of this document.

2. **Parent(s) or legal guardian(s) that does not maintain his or her own residence:** The parent or legal guardian must have an **affidavit of shared residency** form completed 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 for 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 bearing the name and address of the person who maintains the residence.

\*A model Affidavit of Shared Residence form is available for schools at the end of this document.

## **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 indication 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. **MOST INFORMATION PROVIDED BY PARENTS AND GUARDIANS TO ARIZONA PUBLIC SCHOOLS IS AN EDUCATIONAL RECORD MADE CONFIDENTIAL UNDER THE FEDERAL EDUCATIONAL RIGHTS AND PRIVACY ACT AND ARIZONA LAW UNLESS DESIGNATED BY THE SCHOOL AS**

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<sup>8</sup> See *Amphitheater Unified Sch. Dist. No. 10 v. Harte*, 128 Ariz. 233, 234 (1981), § 15-187(C); noting that school districts and charter schools are political subdivisions.





**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
- \_\_\_\_\_ Valid Arizona Address Confidentiality Program authorization card
- \_\_\_\_\_ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- \_\_\_\_\_ Temporary on-base billeting facility (for military families)
- \_\_\_\_\_ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- \_\_\_\_\_ 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. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.**



## State of Arizona Affidavit of Shared Residence

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

Parent/Legal Guardian Name: \_\_\_\_\_

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 and/or 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 registration (issued in the last 60 days)\_
- \_\_\_ Real estate deed or mortgage documents
- \_\_\_ Property tax bill
- \_\_\_ Residential lease or rental agreement
- \_\_\_ Water, electric, gas, cable, or landline phone bill (issued in the last 60 days)
- \_\_\_ W-2 wage statement (most recent tax year)
- \_\_\_ Payroll stub (issued in the last 60 days)
- \_\_\_ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_ 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 \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

## 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

## 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

\_\_\_\_\_  
Printed Name of Parent/Guardian (Please print)

\_\_\_\_\_  
Signature of Parent/Guardian  
(Required for all students under 18)

\_\_\_\_\_  
Date



**State of Arizona  
Department of Education**

**Student Directory Information  
Revised 5/4/2017**

In accordance with A.R.S. § 15-142 (Laws 2010, Chapter 302), Arizona school districts and charter schools are required to release student directory information, if the school district or charter school releases directory information, by October 31 of each year. The Arizona Department of Education is required to develop a model form to be provided to students to request that directory information not be provided pursuant to state and federal laws.

In accordance with federal law, if a school district or charter school makes directory information available for the purposes of informing students of available educational or occupational opportunities, the district or charter school must make the same information available to official military recruiters on the same basis, unless the student (if eligible) or the student's parents or guardian requests that the information be withheld.

In cooperation with the Arizona School Boards Association (ASBA), the department has determined that a school district or charter school operator that has adopted a student directory information policy based on ASBA model policy document JR-R and has made available to parents and students an opt-out-form based on ASBA model form J-7082, is in compliance with A.R.S. §15-142. For those school districts and charter schools that have not, the attached form is available for your use in complying with statutory requirements.

Should you have any questions regarding this requirement, please contact Alexis Susdorf with the ADE Policy Development and Government Relations Division, at [Alexis.Susdorf@azed.gov](mailto:Alexis.Susdorf@azed.gov) or contact by phone at (602) 542-3309.



State of Arizona  
Department of Education

Student Directory Information Release Form

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 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 District has designated the following information as directory information: [NOTE: an LEA may, but does not have to, include all the information listed below.]

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	Enrollment Status (e.g., part time or full-time)
Telephone Listing	Data and Place of Birth
Address	Dates of Attendance
Electronic Mail Address	Weight and Height (members of athletic teams)
Photograph	Most Recent Educational Agency or Institution Attended
Grade Level	Major Field of Study
Honors and Awards Received	Participation in Officially Recognized Activities/Sports

Printed Name of Parent/Guardian \_\_\_\_\_

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/Emotional Health Services<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