

WICKENBURG UNIFIED SCHOOL DISTRICT #9 REGISTRATION FORM

Student Name _____
Nombre del estudiante Last/apellido First/nombre Middle/medio Other Name or Nickname/apodo

Sex/Sexo: M _____ F _____ Grade Level/grado _____ Age/edad _____ Birthdate/nació _____

Place of Birth/lugar donde nació _____ City/ciudad _____ State/estado _____ County/pais _____

Birth Certificate/acta de nacimiento **Yes/Sí No** Residing County/vive en condado _____

Physical Address / dirección _____

Mailing Address / dirección del correo (if different / si diferente) _____

Home Phone Number /teléfono de casa _____ Cell Phone / celular _____

Below, please indicate one of the following codes: **1. English** **2. Spanish** **3. American Indian** **4. Other**
Por favor utilice estos numeros para completar los espacios siguientes. 1. Inglés 2. Español 3. Indio Americano 4. Otro

1. What is the primary language used in the home regardless of the language spoken by the student? ¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante? _____

2. What is the language most often spoken by the student? ¿Cuál idioma habla el estudiante con mayor frecuencia? _____

3. What is the language that the student first acquired? ¿Cuál fue el primer idioma que aprendió el estudiante? _____

Ethnic / la raza _____ **1. White/blanco** **2. Black/negro** **3. Hispanic/hispáno** **4. American Indian/indio** **5. Pacific Islander/isleño**

Has this student ever attended a school in Arizona? **Yes/Sí No** Number of Years in U.S. Schools _____
Este estudiante ha asistido siempre a una escuela en Arizona? Número de años en escuelas de U.S.

Has this student ever attended a school in the Wickenburg School District? **Yes/Sí No**
Este estudiante ha asistido siempre a una escuela en el distrito de Wickenburg?

Do you have other children attending schools in the Wickenburg District? **Yes/Sí No**
¿Tiene otros hijos en las escuelas de el distrito de Wickenburg?

Has this Student been enrolled in any of the following programs? ¿Ha asistido este estudiante a uno de estos programas?
 Special Education/educación especial _____ Gifted/talentoso _____ Speech/terapeuta de lenguaje _____ ELL _____ Title 1/título 1 _____

Student Lives with _____ Relationship _____
Estudiante vive con _____ Names/nombres relación al estudiante

Parent/Guardian's Name _____
Nombre de padre o guardian Last / apellido First / nombre Middle / medio

Employer/empleo _____ Work Phone / teléfono _____

Spouse's Name _____
Nombre de la esposa Last / apellido First / nombre Middle / medio

Employer/empleo _____ Work Phone / teléfono _____

Emergency Contact Name and Numbers *En caso de la emergencia con excepción de los padres ¿a quién debemos de llamar?*
 Name / Nombre Phone Number / teléfono Relationship / relación al estudiante

1. _____
 2. _____

Signature of Parent or Guardian / firma _____ Date / fecha _____

FOR OFFICIAL USE ONLY / PARA EL USO OFICIAL SOLAMENTE

Counselor _____ Transportation: Walk _____ Bus _____ Bus # _____
 Home Room Number _____ Home Room Teacher _____
 Tuition District _____ Entry Date _____ Entry Code _____ Attn: Reg _____ Load _____

Festival Foothills Elementary School
20252 West Desert Vista Blvd.
Buckeye, AZ 85396
Phone: 928-501-6000 FAX: 928-501-5057

REQUEST FOR RECORDS

Date: _____

Previous School Information

School Name: _____

Address: _____

City/State/Zip Code _____

Phone Number: _____ FAX Number: _____

Dear Registrar:

Please send all records for the following student, who is enrolling in our school.

Student Name: _____ DOB: _____ Grade: _____

Please include the following information:

- _____ Transcripts/Report Cards
- _____ Immunization Records/Health Records
- _____ Birth Certificate
- _____ Test Data
- _____ Special Education Records
- _____ Gifted/Talented Records
- _____ Other: _____

_____ Please FAX Immunization Records/Birth Certificate

I (we) do hereby authorize the release of academic, health and psychological records and any other information relating to this student.

Signature of Parent/Guardian

Signature of Principal

<u>OFFICE USE ONLY</u>		
Faxed: _____	Received: _____	2 nd Request: _____
Comments: _____		



Wickenburg Unified School District
 40 West Yavapai Street
 Wickenburg, AZ 85390
 Phone: 928-668-5350 FAX: 928-668-5390
 www.wickenburgschools.org

PROOF OF RESIDENCE

Date	School	Grade
Student Name		Parent/Guardian Name
Mailing Address	City	State Zip
Physical Address	City	State Zip

Required Documentation: Two (2) pieces of documentation with your current address are required to register your child/children in the Wickenburg Unified School District No. 9. All forms of documentation must contain your current physical address.

Two (2) possible forms of documentation verifying proof of residence may be chosen from the following:

- ◆ Rental/lease agreement or Purchase/escrow agreement
- ◆ Annual tax statement
- ◆ Valid Driver’s License
- ◆ Utility Bill (electric, gas, or telephone)
- ◆ Notarized statement from owner/renter indicating:
 - Names of people who are living with the owner/renter
 - Anticipated length of time of residence with owner/renter
 - Note: Owner/renter proof must be documented

I swear/affirm that the above information is accurate.

Parent/Guardian Signature	Date
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Please be advised: If it is reported that you do not live within the Wickenburg Unified School District No. 9, and an investigation indicates non-residence, your child may be withdrawn from school.

* * * * *

Office Use Only

Documentation #1	Documentation #2	Date of Occupancy
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Employee Signature	Date
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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.



FESTIVAL FOOTHILLS
"HOME OF THE FALCONS"

26252 WEST DESERT VISTA BLVD.
 BUCKEYE, AZ 85396
 (928) 501-6000 • (928) 501-5057 FAX
www.wickenburgschools.org

Dear Parent/ Guardian, by signing below you are stating the following:

I will take the time to review a copy of the Festival Foothills Elementary School Parent/Student Handbook, and will review the handbook with my child who is enrolled at the school. By signing this form, I understand that it is my responsibility to comply with all rules and policies given therein. Please read all information and sign below.

If for any reason you do *not* agree to grant permission for Photo Release, Field Trips, Transportation Authorization, Bicycle and Scooter Rules (as applicable), Power Announcement, then a written response document must be submitted to the school principal.

- **Photo Release:** Pictures of students and staff are taken throughout the school year for various reasons such as class newsletters, Board reports, the school's Facebook account, or perhaps a newspaper article covering an activity here at the school. We are asking all parents/guardian to sign this waiver so your child's photo may be used. By signing this release, you are giving the school your consent to take and use your child's photo for these purposes.
- **Field Trips:** There are times during the school year when classes are taken on field trips. It is necessary for each student to have parental permission to attend. No student is allowed to attend without a permission slip. You will be sent a written notification prior to each field trip with information regarding each field trip. We are asking that you give permission, at this time, for any field trips planned during the school year.
- **Student Transportation:** I have read and understand the school bus rules and regulations located in the Festival Foothills Parent-student handbook. My student has my permission to use school bus transportation to and from school or in the event of a scheduled field trip. According to state law, the responsibility to get each student to and from school rests with the parent. As a courtesy, Wickenburg Unified School District attempts to provide free bus service to students within district boundaries; and we want each student to have a safe and enjoyable trip while on the school bus. Any changes in student scheduling to ride the school bus must be accompanied by written authorization from the parent/guardian.
- **Students riding Bicycles or Scooters** must have separate permission from the principal. Please request a Bike Release form from the front office.
- **Power Announcement system:** Please indicate which phone numbers and e-mail addresses you want us to use when contacting you through our system on the lines provided below. Note: Emergency messages will go out to ALL available numbers.

Home Phone# _____ Mother's Day Phone _____

Father's Day Phone _____

E-Mail _____

Mobile Number for text messages: _____

- **Emergency Care Consent:** If an emergency involving medical action is required and the parents or guardians cannot be contacted, I consent for my child to be given medical attention by the doctor selected by the school personnel in charge. Please list family physician and insurance information below.

Name of Physician: _____ Phone# _____

Insurance Company and Policy # _____

 Student Name - printed

 Student Signature

 Parent/Guardian Signature

 Date

CHRISTINA STRAUSS, PRINCIPAL • DR. HOWARD CARLSON, SUPERINTENDENT
"EVERY CHILD HAS HOPE, EVERY STUDENT IS A GRADUATE, EVERY GRADUATE HAS A DREAM"

"RATED AN 'A' SCHOOL"



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**STUDENT RECORDS
 DESIGNATION OF DIRECTORY INFORMATION**

During The school year, District 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 Governing Board permits the release of the below designated directory to persons or organizations who inform students of educational or occupational opportunities, by law the District 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 not to release the student's information without your prior written consent. If you do opt out of releasing any and all of the below designated information, the District must provide military recruiters, upon request, directory information containing the student's names, addresses and telephone listings.

If you do not want any or all of the below designated information about your son/daughter to be released to any person or organization 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's office within two (2) weeks of receiving this form. If the School District does not receive this notification from you within the prescribed time, it will be assumed that your permission is given to release your son's/daughter's designated directory information.

I do not want the information I have marked below concerning _____
Student's Name and Grade
 designated as directory information and released to any person or organization without my prior written consent:

- | | |
|---|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Enrollment Status (i.e., part time or full time) |
| <input type="checkbox"/> Address | <input type="checkbox"/> Grade Level |
| <input type="checkbox"/> Email Address | <input type="checkbox"/> Dates of Attendance |
| <input type="checkbox"/> Telephone Listing | <input type="checkbox"/> Honors and Awards Received |
| <input type="checkbox"/> Date & Place of Birth | <input type="checkbox"/> Major Field of Study |
| <input type="checkbox"/> Photograph | |
| <input type="checkbox"/> Most Recent Educational Agency or Institution Attended | |
| <input type="checkbox"/> Weight & Height of Members of Athletic Teams | |
| <input type="checkbox"/> Participation in Officially Recognized Activities and Sports | |

Parent/Guardian Signature Date

WICKENBURG UNIFIED SCHOOL DISTRICT
HEALTH HISTORY FORM

Name: _____ Date of Birth: _____ Grade: _____
 Last First Middle Month/Day/Year

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

Has your child ever had any of the following? (If "YES", please give age at the time.)

YES	NO		AGE		YES	NO		AGE	
_____	_____	Allergies	_____		_____	_____	Hepatitis	_____	
_____	_____	Asthma	_____		_____	_____	High Blood Pressure	_____	
_____	_____	Anemia	_____		_____	_____	Kidney Disease	_____	
_____	_____	Bronchitis	_____		_____	_____	Mumps	_____	
_____	_____	Chicken Pox	_____		_____	_____	Pneumonia	_____	
_____	_____	Convulsions	_____		_____	_____	Osgood Schlatter's	_____	
_____	_____	Curvature of the Spine	_____		_____	_____	Red Measles	_____	
_____	_____	Cystic Fibrosis	_____		_____	_____	Rheumatic Fever	_____	
_____	_____	Diabetes	_____		_____	_____	Scarlet Fever	_____	
_____	_____	Frequent Ear Infections	_____		_____	_____	Scoliosis	_____	
_____	_____	Eczema	_____		_____	_____	Sinusitis	_____	
_____	_____	Epilepsy	_____		_____	_____	Skin Rashes	_____	
_____	_____	Frequent Colds	_____		_____	_____	Stomach Problems	_____	
_____	_____	Frequent Sore Throats	_____		_____	_____	Strep Throat	_____	
_____	_____	German Measles	_____		_____	_____	Tonsillitis	_____	
_____	_____	Heart Disease	_____		_____	_____	Urinary Tract Infection	_____	
_____	_____	Is this child presently receiving treatment for any physical problem?							_____
_____	_____	Is this child presently taking medications?							_____
_____	_____	Is this child taking medication on a daily basis? If "YES", what?							_____
_____	_____	Restricted for P.E.?							_____
_____	_____	Has this child ever had surgery?							_____
_____	_____	Has this child ever had a psychological examination?							_____
_____	_____	Has this child ever been placed in special classes (LD, Reading, Speech, Hearing Impaired, Visual Impaired, Emotionally Handicapped, Physically Handicapped, Other?)							_____
_____	_____	Has this child ever had a serious accident or injury? If yes, date: _____							_____
_____	_____	Has this child ever had a serious accident or injury requiring hospitalization? If yes, date: _____							_____
_____	_____	Does your child wear glasses?							_____
_____	_____	Have other vision difficulties?							_____
_____	_____	Have any speech difficulties?							_____
_____	_____	Have any hearing difficulties?							_____
_____	_____	Have any hearing loss?							_____
_____	_____	Wear a hearing aide(s)?							_____
_____	_____	Has your child ever had tubes put in his/her ears?							_____
_____	_____	Does your child have tubes in his/her ears now?							_____
_____	_____	Are there any significant behaviors that may affect your child's performance in school or that may be of concern?							_____
_____	_____	Are there any specific cultural, social or religious patterns followed in the home that you would like school personnel to know about?							_____
_____	_____	Would you like to discuss any of this health history with school personnel?							_____

Please explain any "Yes" answers and indicate the care for the illness (especially chronic illnesses) you would like for the staff to give: _____

Signature: _____ Date: _____

FESTIVAL FOOTHILLS ELEMENTARY SCHOOL
Student/Parent/Teacher/Principal Compact

As a student at Festival Foothills Elementary School, I will

- be on time and attend school regularly,
- be prepared with pencils, paper and other needed material,
- ask for help when I need it,
- work hard to do my best in class and schoolwork, and
- believe that I can and will learn.

Student Signature

Date

As a parent/guardian of a student at Festival Foothills Elementary School, I will

- help keep my children healthy with food, rest and exercise,
- make learning fun and useful at home,
- be respectful of my children and not embarrass them,
- help my children learn to resolve conflicts in positive ways,
- attend as many of my children's activities in or out of school as much as possible, and
- respect school staff and the cultural differences of others.

Parent/Guardian Signature

Date

As a member of the Festival Foothills Elementary School staff, I will

- believe that each student can learn,
- provide necessary assistance to students and encourage them to learn
- keep the lines of communication open,
- set high academic standards,
- vary teaching methods to meet students' needs,
- provide a safe, positive and healthy learning environment for your child,
- hold students responsible for their learning and behavior, and
- provide assistance to parents so they can help students at home.

Teacher Signature

Date

As principal of Festival Foothills Elementary School, I will

- maintain open lines of communication,
- support a safe, child-centered environment
- encourage teachers to provide the best education possible, and
- be accessible to parents and teachers.

Principal Signature

Date



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Wickenburg, AZ 85390
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USE OF TECHNOLOGY RESOURCES IN INSTRUCTION

ELECTRONIC INFORMATION SERVICES STUDENT USER AGREEMENT

When the signed agreement is returned, the user may be permitted use of electronic information services (EIS) resources.

Terms and Conditions

Acceptable Use: Each user must:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the Wickenburg Unified School District.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Immediately inform their teacher if inappropriate information is mistakenly accessed.
- Abide by all copyright and trademark laws and regulations.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school-employed persons.
- Follow the District's code of conduct.
- Understand that inappropriate use may result in cancellation of permission to use the EIS and appropriate disciplinary action up to and including expulsion.
- Be responsible for the appropriate storage and backup of their data.

Unacceptable Uses:

- Users may not connect or install any computer hardware, hardware components, or software, which is their own personal property to and/or in the District's EIS without the prior approval of the District Information Technology Department.
- Users shall not post information that could cause damage or pose a danger of disruption to the operations of the EIS or the District.
- Users will not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Users will not use the EIS in any way that disrupts the use of the EIS by others.
- Users will not use the EIS for commercial or financial gain, political lobbying, or fraud.
- Users will not attempt to harm, modify, add, or destroy software or hardware.
- Users will not interfere with system or network security.
- Users shall not access the network for any non-educational purposes.
- Users will not gain or attempt to gain unauthorized access to the files of others, or vandalize the data or files of another user.
- Users will not download and use games, files, documents, music, or software for non-educational purposes. (i.e., Shockwave games/animations, audio and other visual files).
- Users will not possess any data, which may be considered a violation of these regulations, in paper, magnetic (disk), or any other form.
- Users will not display name *or* photo to personally identify an individual without receiving written permission.
- Users will not reveal full name, address, phone number, or personal email without permission from an adult.
- Users shall not plagiarize work that is found on the internet or any other electronic resource.
- Users will not harass, insult, attack others, or use obscene language in written communications.
- Users will not post anonymous messages.
- Users may not use *free* web based email, messaging, video conferencing, or chat services without written permission from the District Information Technology Department.

Resource Limitations:

- Activities that are deemed by the network supervisor to cause unreasonable demand on network capacity or disruption of system operation are prohibited.



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- Users shall subscribe only to high quality discussion groups or mailing lists that are relevant to their educational or career development.
- Users shall not use the District’s EIS for commercial purposes or financial gain. This includes the creation, development and offering of goods or services for sale, and the unauthorized purchase of goods or services. District approved purchases will be made following District approved procedures.
- The District’s portable information systems and educational technology resources such as notebook computers, peripherals, and/or companion devices, will be at the school sites during school hours.

Personal responsibility: I will report any misuse of the EIS to the administration, as is appropriate. I understand that many services and products are available for a fee and *acknowledge my personal responsibility for any expenses incurred without District authorization.*

Network etiquette: I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages.
- *Respect privacy.* I will not reveal any home addresses, or personal phone numbers, or personally identifiable information.
- *Avoid disruptions.* I will not use the EIS in any way that would disrupt the use of the systems by others.
- *Observe the following considerations:*
 - Be brief.
 - Strive to use correct spelling and make messages easy to understand.
 - Use short and descriptive titles for articles.
 - Post only to known groups or persons

Services:

The Wickenburg Unified School District specifically denies any responsibility for the accuracy of information. While Wickenburg Unified School District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the EIS is used and bears the risk of reliance on the information obtained.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Name (printed) _____ Grade _____

Signature _____ Date _____

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

Parent or Guardian Cosigner

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the Wickenburg Unified School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a District administrator. (Misuse may come in many forms but can be viewed as messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement).

I accept full responsibility for supervision if, and when, my child’s use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Parent or Guardian Name (printed) _____

Signature _____ Date _____