

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/talento _____ 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 _____

Wickenburg Virtual Academy



'Taking Knowledge to Infinite Levels'

Welcome to Wickenburg Virtual Academy. Please complete all parts of form, including required signatures before submitting this form. Mail this form to: 920 Vulture Mine Rd., Wickenburg, AZ 85390 or Fax to: 928-684-6746

Student Name: Last _____ First _____ Middle Initial _____

Date of birth: _____ Grade Level _____ Male Female Student I.D. # _____

Parent/Guardian Name: Last _____ First _____ Middle Initial _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Physical Address: _____ City _____ State _____ Zip Code _____

Parent/Guardian Contacts: Home Phone _____ Cell Phone _____ Email _____

Student Cell Phone: _____ Student Email _____

Below, please indicate one of the following number codes: 1. English 2. Spanish 3. American Indian 4. Other

- Student's first acquired language/idioma para hablar primario al estudiante _____
- Language spoken by student most often/idioma habla mas frecuentemente el estudiante _____
- Language spoken at home most often by the family/idioma habla mas frecuentemente la familia en casa _____

Ethnicity/la raza _____ 1. White/blanco 2. Black/negro 3. Hispanic/Hispanico 4. American Indian/Indio 5. Pacific Islander/Isleno

Has this student ever attended a school in Arizona? _____ Number of years in U.S. Schools? _____

Has this student ever attended a school in the Wickenburg School District: Y or N

Do you have other children attending schools in the Wickenburg School District? Y or N

Has this student been enrolled in any of the following programs?

Special Education _____ Gifted _____ Speech _____ SEI/English Language Learner _____ Title 1 Reading or Math _____

Emergency Contact Name & Numbers:

1. _____ Phone: _____ Relationship: _____

2. _____ Phone: _____ Relationship: _____

Online Education Compatibility:

1. Does student have weekly access to a computer, with high speed internet, for 25+ hours per week? Y or N
2. Does student have the ability to discipline herself/himself, to focus on work, and learn independently? Y or N
3. Student & Parent understand that both of them must sign student work logs verifying hours per week. Y or N

Signature of Parent or Guardian: _____ Date: _____



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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Wickenburg Virtual Academy
920 S. Vulture Mine Rd.
Wickenburg, AZ 85390
Phone: 928-684-6717 Fax: 928-684-6746



REQUEST FOR STUDENT RECORDS

Date _____

Previous School _____

School Address _____

City _____ State _____ Zip _____

Student Name _____

Birth Date _____

The above student has enrolled at the Wickenburg Virtual Academy. Please forward the following records to us at your earliest convenience.

- _____ 1. Transcript of grades and credits
- _____ 2. Withdrawal grades
- _____ 3. Explanation of your grading system
- _____ 4. Health and immunization records
- _____ 5. Discipline records
- _____ 6. Academic test scores
- _____ 7. AIMS test results
- _____ 8. IEP/Special Education Records
- _____ 9. Cumulative File

Parent/Guardian Signature _____

Thank you,

Rose Garcia, M. Ed.
Wickenburg Virtual Academy Director

928-684-6715
rgarcia@wickenburg.k12.az.us



WICKENBURG UNIFIED SCHOOL DISTRICT
 40 WEST YAVAPAI STREET
 WICKENBURG, AZ 85390
 928-668-5352 FAX 928-668-5390

STUDENT RECORDS
 DESIGNATION OF DIRECTORY INFORMATION

During the school year, District staff members may compile nonconfidential 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 not opt out of releasing any and all of the below-designated information, then 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, 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.

TO: Principal

I *do not* want the information I have "X" below concerning (student's name) _____ designated as directory information and released to any person or organization without my prior written consent:

- Name
- Telephone listing
- Date & place of birth
- Dates of attendance
- Honors & awards received
- Enrollment status (e.g., part time or full time)
- Participation in officially recognized activities and sports
- Weight & height of members of athletic teams
- Most recent educational agency or institution attended
- Address
- Electronic mail address
- Photograph
- Grade level
- Major field of study

 (Parent/guardian signature)

 (Date)

Every Child has Hope, Every Student is a Graduate, Every Graduate has a Dream



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.

Wickenburg Unified School District # 9
40 W. Yavapai Street
Wickenburg, AZ 85390
Phone: (520) 668-5350 FAX (520) 668-5390

Dear Parents and Guardians,

In accordance to Arizona school law, all schools in Arizona are required to provide the following information:

Bilingual education is not currently offered in Wickenburg Unified School District. Individual schools in which twenty (20) or more students in the same grade level receive parental exception waivers in accord with A.R.S. 15-753 shall be offered classes teaching English and other subjects through bilingual education techniques or other generally recognized educational methodologies permitted by law. WUSD # 9 students wishing to receive Bilingual education shall be permitted to transfer to a public school in which such classes are offered.

Parental Waivers

With prior written informed consent, provided on an annual basis, a student's parent or legal guardian may request a waiver from the application of A.R.S. 15-752 – *being placed in and English language classroom*. In order to apply for a waiver the parent or guardian must:

- Visit the school to apply for the waiver, and while at the school,
 - Be provided a full description of the educational materials to be used in the different educational program choices, and
 - Be provided all the educational opportunities available to the child.

Parental Exception Waivers

A parental exception waiver may be applied for if the above prerequisites have been met and at least one (1) of the following applies:

- The student already possess good English language skills as measured by:
 - Oral evaluation or standardized test of English vocabulary comprehension, reading, and writing in which the student scores:
 - Approximately at or about the state average for the student's grade level, or
 - At or about the 5th grade average, whichever is lower
- The student is age ten (10) or older, and:
 - It is the informed belief of the school principal and educational staff that an alternate course of educational study would be better suited to the student's overall educational progress and rapid acquisition of basic English language skills.

Wickenburg Unified School District
HEALTH HISTORY FORM

GRADE _____

Name _____ Date of Birth _____
 Last First Middle Mo. Day Yr.

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 talk to personally with our school nurse.

Has this child ever had any of the following? If "yes" please give age at the time.

No	Yes	Age		No	Yes	Age	
_____	_____	_____	Allergies	_____	_____	_____	Hepatitis
_____	_____	_____	Asthma	_____	_____	_____	High Blood Pressure
_____	_____	_____	Anemia	_____	_____	_____	Kidney Disease
_____	_____	_____	Bronchitis	_____	_____	_____	Mumps
_____	_____	_____	Chicken Pox	_____	_____	_____	Pneumonia
_____	_____	_____	Convulsions	_____	_____	_____	Osgood Schlatter's
_____	_____	_____	Curvature of Spine	_____	_____	_____	Red Measles
_____	_____	_____	Cystic Fibrosis	_____	_____	_____	Rheumatic Fever
_____	_____	_____	Diabetes	_____	_____	_____	Scarlet Fever
_____	_____	_____	Frequent Ear Infection	_____	_____	_____	Scoliosis
_____	_____	_____	Eczema	_____	_____	_____	Sinusitis
_____	_____	_____	Epilepsy	_____	_____	_____	Skin Rashes
_____	_____	_____	Frequent Colds	_____	_____	_____	Stomach Problems
_____	_____	_____	Frequent Sore Throats	_____	_____	_____	Strep Throat
_____	_____	_____	German Measles	_____	_____	_____	Tonsillitis
_____	_____	_____	Heart Disease	_____	_____	_____	Urinary Tract Infect.

No	Yes	
_____	_____	Restricted P.E.
_____	_____	Have any hearing loss?
_____	_____	Wear a hearing aide (s)?
_____	_____	Does this child wear glasses?
_____	_____	Have other vision difficulties?
_____	_____	Have any speech difficulties?
_____	_____	Have any hearing difficulties?
_____	_____	Has this child ever had surgery?
_____	_____	Ever had a psychological examination?
_____	_____	Does this child have tubes in his/her ears now?
_____	_____	Has this child ever had tubes put in ears in his/her ears?
_____	_____	Is this child presently receiving treatment for any physical problem?
_____	_____	Ever was placed in special classes? (LD, Reading, Speech, Hearing Impaired, Visually Impaired, Emotionally handicapped, Physical Handicapped, Other)
_____	_____	Are there any significant behaviors that may affect this 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 personal to know about?
_____	_____	Taking medicine on a daily basis? If yes: what _____
_____	_____	Ever had a serious accident or injury? If yes: date _____
_____	_____	Ever had a serious accident or injury requiring hospitalization? If yes: date _____
_____	_____	Would you like to discuss any of this health history with school personnel?

Please explain "yes" answer and indicate the care for the illness (especially chronic illness) you would like for the nurse/staff to give:

PLEASE COMPLETE OTHER SIDE



WICKENBURG UNIFIED SCHOOL DISTRICT
40 WEST YAVAPAI STREET
WICKENBURG, AZ 85390
928-668-5352 FAX 928-668-5390

Notification of Rights Under the Protection of Pupil Rights Amendment (PPRA)

August 2012

Dear Parent:

PPRA affords parents and students who are under age eighteen (18) or emancipated minors ("eligible students") certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

- *Consent* before students are required to submit to a survey that concerns one or more of the following protected areas:
 1. Political affiliations or beliefs of the student or student's parent;
 2. Mental or psychological problems of the student or student's family;
 3. Sex behavior or attitudes;
 4. Illegal, anti-social, self-incriminating, or demeaning behavior;
 5. Critical appraisals of others with whom respondents have close family relationships;
 6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
 7. Religious practices, affiliations, or beliefs of the student or parents; or
 8. Income other than as required by law to determine program eligibility.
- *Receive notice and opportunity to opt a student out of:*
 1. Any other protected information survey, regardless of funding;
 2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
 3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.
- *Receive/Inspect, upon request and before administration or use:*
 1. Protected information surveys of students;
 2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
 3. Instructional material used as part of the education curriculum

Wickenburg Unified School District has developed and adopted policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. Wickenburg Unified School

District will directly notify parents and eligible students of these policies at least annually at the start of each school year and after any substantive changes. Wickenburg Unified School District will also directly notify parents and eligible students, such as through registration materials, the U.S. Mail or e-mail, at least annually at the start of each school year of the specific or approximate dates of the following activities and provide an opportunity to opt a student out of participating in:

- Collection, disclosure, or use of personal information for marketing, sales or other distribution.
- Administration of any protected information survey not funded in whole or in part by the U.S. Department of Education.
- Any non-emergency, invasive physical examination or screening as described above.

Parents/eligible students who believe their rights have been violated may file a complaint with:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-4605

Sincerely,

A handwritten signature in black ink that reads "Howard C. Carlson". The signature is written in a cursive style with a large initial 'H'.

Howard C. Carlson, Ed. D.
Superintendent

Wickenburg Virtual Academy



'Taking Knowledge to Infinite Levels'

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

Please read all information below and sign in agreement. If for any reason you do not agree to permission for Student Field Trips, Photo Permission, Transportation Authorization, Power Announcement, Electronic Usage rules and regulations, and then please submit a written document.

- **Photo Release:** Pictures of students and staff can be taken throughout the school year for various reasons such as the yearbook 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 for the yearbook, newspaper and school board reports. By signing this release you are giving the school your consent to take and use your child's photo for these purposes.

- **Electronic Use, Acceptable Use:** Each user must:
 - Use the EIS to support personal educational objectives consistent with the educational goals and objectives of 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.
 - Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so designated school authorities.
 - Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school-employed persons.
 - Not use the EIS in any way that would disrupt the use of the EIS by others.
 - Not use the EIS for commercial or financial gain, political lobbying, or fraud.
 - Follow the District's code of conduct.
 - Not attempt to harm, modify, add, or destroy software or hardware nor interfere with system security.
 - 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.
 - The Wickenburg School District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information services (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 revocation of my use of information services. 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 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 School District administrator. (Misuse may come in many forms but can be viewed as any 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.

- **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 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 with 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.
- **Power Announcement Communication System:** Please indicate which phone numbers and e-mail addresses you want us to use when contacting you through Power Announcement 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 _____ Cell Number for texting _____

E-Mail Address _____

- **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 Number: _____

Insurance Company and Policy # _____

Student Name: _____

Student Signature: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature _____ Date _____

MARCIA HESPEN, EXECUTIVE DIRECTOR OF EDUCATION SERVICES ROSE GARCIA, DIRECTOR OF VIRTUAL ACADEMY

DR. HOWARD CARLSON, SUPERINTENDENT

"EVERY CHILD HAS HOPE, EVERY STUDENT IS A GRADUATE, EVERY GRADUATE HAS A DREAM"