

Avondale Elementary School District #44
REGISTRATION INSTRUCTIONS

Welcome to the Avondale Elementary School District. In order for your child's enrollment to be complete, the required documentation must be presented at your child's school. Your registration cannot be processed until all of the documentation is reviewed in person between the school registrar and the child's parent(s) or legal guardian. Our school office cannot process faxed or mailed Registration packets. We welcome all students. If you are requesting to be enrolled outside of your boundaries, please complete and include a variance form in the registration packet. If you choose to email the registration packet please refer to the email address next to your school of choice, at the bottom of this page.

Email is not a secure form of communication. If you choose to submit your registration forms by email, you accept the risk that the information submitted may be seen by a third party. **BY SUBMITTING YOUR REGISTRATION FORMS BY EMAIL, YOU ACKNOWLEDGE THIS RISK AND WAIVE YOUR RIGHTS RELATED TO THAT SUBMISSION UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT.**

By signing this document, I consent to the submission of my registration forms by email and waive my rights related to that submission under the Family Educational Rights and Privacy Act.

Parent/Guardian Signature

Required Documentation Checklist:

- A Certified Birth Certificate

- Immunization Records (up to date)

- Proof of Residency (reference Arizona Residency Documentation Form. Please provide one item from the list). If you are living with someone else, please print the Affidavit of Shared Residence form. This form must be notarized prior to submitting it to your child's school.

- Report Card / Withdrawal Form from previous school

- Copy of IEP, if applicable

*If you are printing this document from the website, please print one-side to one-side only.

SCHOOL EMAIL ADDRESS LIST	
Avondale Middle School	amsregister@avondale.k12.az.us
Centerra Mirage STEM Academy	cmregister@avondale.k12.az.us
Copper Trails School	ctregister@avondale.k12.az.us
Desert Star School	dsregister@avondale.k12.az.us
Desert Thunder School	dtregister@avondale.k12.az.us
Eliseo C. Felix School	efregister@avondale.k12.az.us
Lattie Coor School	lcregister@avondale.k12.az.us
Michael Anderson School	maregister@avondale.k12.az.us
Wildflower School	wfregister@avondale.k12.az.us

Avondale Elementary School District #44

SCHOOL REGISTRATION FORM

MAS
 ECF
 LC
 WF
 DS
 DT
 CM
 CT
 AMS

Date: _____ <input type="checkbox"/> New Entry <input type="checkbox"/> Re-Entry Red Tag: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female Date entered into SMS: _____	Student Assigned to: Teacher _____ Room # _____ Grade _____ Entry Date _____ Entry Code _____	Birth Certificate: _____ Immunization: _____ Proof of Residence: _____ Ethnicity: Is the student Hispanic or Latino? <input type="checkbox"/> Y <input type="checkbox"/> N Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander
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Student's Name:

Last
First
Middle

Date of Birth: _____ **Place of Birth:** _____

Street Address: _____ Are you: Buying Renting Other: _____

Number _____ Street _____ City _____ Zip _____

Military Status: Yes No Start Date: _____ End Date: _____ **In Foster Home?** Yes No

Mailing Address: _____ Home Phone: _____ Message Phone: _____

Number _____ Street _____ City _____ Zip _____

Name of Father/Guardian: _____ Occupation: _____

Last, First _____ Employer: _____

Name of Mother/Guardian: _____ Occupation: _____

Last, First _____ Employer: _____

Mother's Maiden Name: _____ **Parent/Guardian Email Address:** _____

Parent(s) Marital Status: Single Married Separated Divorced **Child lives with:** _____

If divorced or separated, does the father/mother have permission to sign the child out of school? Yes No

If "No" is marked, please provide court documentation and give name: _____

Did any changes occur over the summer? (examples: Divorce, Separation, Death, etc.): _____

List names and ages of brothers and/or sisters: _____

Last School Attended:

Name	Address	Date Entered	Date Withdrawn
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Did the student participate in any of the following programs at the previous school?:

Migrant Bilingual Special Education Speech Gifted Other _____

Please check the appropriate box:

- 1. During the past year I worked only in the State of Arizona.
- 2. During the past year I worked in Arizona, but left for awhile to work in: _____
- 3. During the past year I worked in a state other than Arizona. Name of state: _____

LANGUAGE ASSESSMENT:

What is the primary language used in the home regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

IT IS THE RESPONSIBILITY OF THE PARENT TO PROVIDE TRANSPORTATION FOR A SICK CHILD.

I have been given a copy of the rules, guidelines and procedures for discipline. _____ (Parent/Guardian initials)

Due to religious beliefs, my child is excused from saluting the flag. _____ (Parent/Guardian initials)

Parent/Guardian Signature

Date

Avondale Elementary School District #44

EMERGENCY INFORMATION FOR SCHOOL NURSE and CONSENT FOR RELEASE OF MEDICAL INFORMATION

MAS
 ECF
 LC
 WF
 DS
 DT
 CM
 CT
 AMS
 STAR Academy

The care your child receives is dependent on this information being on file in the Nurse's Office. A new form must be updated each school year. Additionally, A.R.S. §15-802(B) requires school districts to obtain and maintain verifiable documentation of Arizona Residency annually.

STUDENT'S NAME (Last, First, Middle)	GENDER	DATE OF BIRTH	GRADE	TEACHER
Name (select the Parent you want to be called first)	Address	City	Home Phone	Cell Phone
Father:				
Mother:				
Guardian:				
Email - Father:	Mother:	Guardian:		
Employer	Address	City	Business Phone	Occupation/Work Place
Father:				
Mother:				
Guardian:				

Child lives with: Both parents
 Mother
 Father
 Other (specify) _____

Brothers and sisters:

Name	Age	School	Name	Age	School

In your absence, name two relatives or friends who will be responsible for your child and may pick up if she/he is hurt or becomes ill

Name	Address	City	Home/Cell Phone	Relationship
1.				
2.				

Doctor your child visits (in an extreme emergency, 911 will be called):

Healthcare Provider's Name	Address	Phone Number

Students will only be released to those authorized by the parent or guardian. If someone other than the parent or guardian will be picking up the student, that person's name must be listed on this form. **Photo Identification must be presented when the person arrives to sign out the child.** This is for the safety of your child.

Where does the child go after school? Home
 Daycare (name of center) _____
 Babysitter (name, address, phone#) _____

How will your child get there? Walk/bicycle
 Bus
 Daycare bus/van
 Picked up by: _____

If applicable, who **May Not** check your child out of school? (Must provide legal documents: divorce, separation, custody) _____

Is your child currently receiving Behavioral Health Services? Yes No Provider Name _____ Phone _____

Medical Insurance: _____ **ID.#:** _____ **Hospital:** _____

Medical History: Check those that apply to your child:

Asthma
 Food Allergies
 Diabetes
 Seizures
 ADD/HD
 Eye, Ear or Nose Problem
 Urinary/Bowel Problem
 Glasses/Contacts
 Serious Injury/Accident
 Speech Difficulty
 Heart Problem
 Cancer
 Allergic to _____

Other _____ If any of the above is checked, PLEASE NOTIFY SCHOOL NURSE.

Please list present medications: _____ Are medications needed at school? Yes No

If yes, please request Medication Consent Form from School Nurse

Over The Counter medications that your child may receive at school: Check those that apply

Cough Drops/Throat Spray Tylenol/Acetaminophen Eye Drops Ibuprofen/Motrin/Advil
 Benadryl Elixir/Capsules Caladryl/Anti-itch ointment Tums/Antacids

Any other medication that you want your child to take at school must be provided by you in the original container or prescription bottle, and you must sign a separate medication permission form that can be obtained from the Nurse.

I give my consent/permission to obtain/release medical information regarding my child to/from any physician/hospital if required.

This form must be filled out and signed in order to treat your child.

Signature of Parent or Guardian: _____ **Date:** _____



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School _____

School District or Charter Holder **Avondale Elementary School District #44**

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)

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.

**Avondale Elementary School District 44
McKinney-Vento Eligibility Determination
Student Residency Questionnaire**

AMS CM CT DS DT ECF LC MAS STAR WF

Student Name: _____ Date: _____
 Parent/Guardian Name: _____
 Parent/Guardian Signature: _____

**Do any of the following situations apply to the student?
Please check the appropriate answer**

1. Is the student (family) living in a motel or hotel? YES NO
2. Is the student (family) living in a shelter? YES NO
Domestic violence Emergency group home Awaiting foster home care
3. Is the student (family) living in a car, park, campground or public place? YES NO
4. Is the student (family) living in housing that does not meet the physical and or psychological needs of the family as specified under the McKinney-Vento Federal Act? (Lack of utilities – heat, water) YES NO
5. Is the student (family) living in the residence of another family? YES NO
 If you answered yes to question 5, please answer the following:
 5A—Is this living arrangement due to “Chek all that apply” YES NO
 Economic hardship Loss of housing Temporary
 5B—Date living arrangement began _____
 5C—Date living arrangement is expected to end _____
6. Is the student under the age of 18 and seeking enrollment without an accompanying parent, not in foster care? YES NO

This questionnaire is intended to address the McKinney-Vento Education Improvement Act 42 U.S.C. 11435.
 If any of the above situations apply, you MAY BE eligible for services under the McKinney-Vento Educational Improvement Act.

I received the *Public notice of the educational rights of homeless children and youths “Information for Parents”*

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

For Office Use Only

Student ID:		Teacher:	
SAIS ID:		Grade	
		Enroll Date:	
		Revised By:	

Homeless Liaison Use Only

Doubled-Up Hotel/Motel Unsheltered/FEMA Sheltered Doubled-Up/Unaccompanied Youth

RELEASE OF INFORMATION

We are requesting the release of the following records for use in providing appropriate educational services and updating previous reports for the named student below:

Medical: birth certificate, immunization records.

Education: withdrawal form, report cards, official transcripts, standardized test scores, language survey, gifted results, and attendance profile.

ELL and Migrant Program Information: program information, test scores, student screening report. Please also fax a copy to: Office of Academic Services FAX: 623-772-5020

Special Education Program Information: most current IEP, 504 resource provided. Please also fax a copy to : Director of Exceptional Student Services FAX: 623-772-5090

Student: _____ **DOB:** _____

School: _____ **Grade:** _____

I hereby authorize (previous school district):

School District: _____

School Name: _____

Address: _____

City, State, ZIP: _____

Telephone: _____ Fax: _____

Michael Anderson School
45 S. 3rd Avenue
Avondale, AZ 85323
(623) 772-5100
(623) 772-5120 FAX

Eliseo C. Felix School
540 E. La Pasada
Goodyear, AZ 85338
(623) 772-4300
(623) 772-4320 FAX

Desert Thunder School
16750 W. Garfield Ave.
Goodyear, AZ 85338
(623) 772-4700
(623) 772-4720 FAX

Centerra Mirage School
15151 W. Centerra Dr. South
Goodyear, AZ 85338
(623) 772-4800
(623) 772-4820 FAX

Desert Star School
2131 S. 157th Ave.
Goodyear, AZ 85338
(623) 772-4600
(623) 772-4620 FAX

Wildflower School
325 S. Wildflower Dr.
Goodyear, AZ 85338
(623) 772-5200
(623) 772-5220 FAX

Copper Trails School
16875 W. Canyon Trails
Goodyear, AZ 85338
(623) 772-4100
(623) 772-4120 FAX

Lattie Coor School
1406 N. Central Ave.
Avondale, AZ 85323
(623) 772-4400
(623) 772-4420 FAX

Avondale Middle School
1406 N. Central Ave.
Avondale, AZ 85323
(623) 772-4500
(623) 772-4520 FAX

It is understood that the information will be used in a confidential manner as prescribed by the Family Educational Rights and Privacy Act of 1974.

Signature of Parent/Guardian

Date

For Office Use only

1st Request: _____ 2nd Request: _____ 3rd Request: _____

Records Received Date: _____ No Previous Records Request by: _____ Date: _____ *Print on white paper Revised 2/20/2018*

PARENT /STUDENT SIGNATURES/AGREEMENTS

In an effort to go green and keep resources in the classrooms, AESD will post the complete 2020-2021 Parent-Student Handbook on our website (www.avondale.k12.az.us). If you would prefer to receive a printed copy of the 2020-2021 Parent-Student Handbook, please check the box below.

PARENT/STUDENT HANDBOOK ACKNOWLEDGEMENT

•We, the undersigned, have read and agree to uphold school and District policies and procedures as presented in the parent/student handbook. In addition, we understand we are responsible for all AESD Governing Board District Policies. A copy of the policies is available at the District Office or online at <http://www.azsba.org/>.

•We authorize the school and/or District to deliver it cause to be delivered information and notifications regarding our child, the school and/ or the District via autodialed or prerecorded calls. We may opt out at any time by notifying the school and/or district or following the opt out procedures when we receive a call. If we select to opt out, we will continue to receive attendance and emergency calls. The message you receive will come from our 'short code', 67587 and read similar to the following: "Avondale 44 messages. Reply Y to subscribe or STOP to cancel. Msg&data rates may apply. Msg freq varies. Visit schoolmessenger.com/txt for info".

School Name

Student's Name (print)

Parent or Guardian's Signature

Student's Signature

Phone Number

Parent/Guardian Email Address

Date

I request a printed (hard-copy) of the 2020-2021 Parent-Student Handbook when it is available: English Spanish

AESD PHOTOGRAPHY, AUDIO, VIDEO AND FACEBOOK/SOCIAL MEDIA AGREEMENT

The Avondale Elementary School District (AESD) will serve as the authorized agent for the district's website, Facebook page, electronic media, brochures, radio, television, newspapers and newsletters. These would be utilized for educational and/or public relation purposes. (See Student Directory Information on page 11.)

I have read and understand AESD Photography, Audio, Video and Facebook/Social Media Agreement and authorize AESD to use my child's photograph, interview, video and or audiotape outlined above for public relations about education and programs in the District.

Student Initials: _____ Parent Initials: _____

If you **DO NOT** want your child to be photographed, interviewed, videoed and/or audiotaped to promote positive public relations about education and programs in the District, **including the yearbook**, initial here: _____

USE OF TECHNOLOGY RESOURCES USER AGREEMENT

I have read, 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.

Student Name (printed) _____

Signature _____ Date _____

School _____ Grade _____

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.

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 Avondale Elementary 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 have read the Electronic Information Services User Agreement, and have discussed it with my child. 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 (print) _____

Signature _____ Date _____

*The agreement above must be signed by student and parent, and returned to the student's teacher.
Failure to turn in this form will result in loss of access to school technology resources.



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 01-2020)

SPECIAL EDUCATION ENROLLMENT QUESTIONNAIRE

ALL parents enrolling their child will be asked the following questions verbally and their responses will be recorded below. Once completed the parent will be asked to sign and date the questionnaire. The staff member who completes the questionnaire will also sign and date it. ***The original pink form will be forwarded to the school psychologist. A copy will be placed in the student's cumulative file at the school.***

STUDENT'S NAME: _____

DOB: _____ GRADE: _____

___ YES ___ NO My child was receiving special education services at the last school that he/she attended.

___ YES ___ NO My child received special education services from another school in the past.

___ YES ___ NO I believe my child may have a disability that is preventing him/her from making reasonable progress in school.

Please describe the area(s) of concern that you have about your child's school performance that leads you to believe your child may have a disability.

I certify that the above statements are correct:

Parent/Guardian Signature

Date

Staff Member Signature

Date

It shall be a violation of District policy for any individual including students, teachers, administrators, or other school personnel to harass or otherwise discriminate against a student or staff member on the basis of race, color, sex, national origin, ethnicity, disability and sexual orientation, as defined by policy AC-RA.