

**Maricopa County Regional School
District**
3409 W Whitton Ave
Phoenix, AZ 85017
 2011-2012
ENROLLMENT FORM
 ** PLEASE PRINT **

FOR OFFICE ONLY	
School Name:	CTDS 07-01-99 -
Entry Date _____	Entry Code _____
Student Number _____	Teacher Name _____
Grade _____	AZ SAIS ID Number _____
Data Entry Date:	By Whom:

Student's Legal Last Name (As it appears on legal document) _____ First Name _____ Middle Name _____

Generation (Example Jr, III) _____ Name Child Goes By _____
 (Last) (First)

Gender: Male Female Date of Birth _____

Birth Place _____ City _____ State _____ Country of Birth USA Other _____

Choose one ethnicity: Hispanic/Latino Not Hispanic/Latino

Choose one or more (regardless of ethnicity): Asian American Indian or Alaska Native
 Black or African American White Native Hawaiian or other Pacific Islander

Mother/Father/Guardian Name(s): _____		
Address _____ (Mailing)	City _____	Zip _____
Emergency Contact: _____	Phone: _____	
Home Phone (_____) _____	Work Phone (_____) _____	Cell Phone (_____) _____

Last School Student Attended: _____ District _____

City: _____ State: _____ Country: _____

Has the child ever attended a MCRSD school? No Yes School Name _____

Has the child ever received Special Education Services? No Yes If yes, explain: _____
 504

Does the child have any serious illnesses or handicaps? No Yes If yes, specify on the Health Information Sheet.

Has the child ever received Gifted Services? No Yes If yes, explain: _____

Has the child ever been expelled from a school or district? No Yes Date: _____

Has the child ever been suspended for more than 10 days from a school or district? No Yes Date: _____

Has the child ever been considered for expulsion from a school or district? No Yes Date: _____

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? _____

SIGNATURE OF PARENT/GUARDIAN

DATE

Maricopa County Regional School District
 3409 W Whitton Ave
 Phoenix, AZ 85017

FOR OFFICE ONLY	
School Name _____	CTDS 07-01-99 _____
Entry Date _____	Entry Code _____
Student Number _____	Grade _____
AZ SAIS ID Number _____	

** PLEASE PRINT**

Student's Legal Last Name _____ **First Name** _____ **Birth date** _____
 (As it appears on legal document)
Name Student Goes By: Last: _____ First _____

- Have you worked in agriculture related jobs such as fieldwork, fruit or vegetable? Packing companies, dairies or ranches in the last 3 years? Yes No
- Have you recently moved with the family from another city, state or country to work? In the fields, packing companies, dairies or ranches? Yes No
- Have you left with the family to go to work in the fields, packing companies? Dairies or ranches? Yes No
- Presently, where is the student living?
 - In a shelter
 - With more than one family in a house/apartment that **someone else** rents or owns
 - In a motel, car or campsite
 - With friends or family members other than parent/guardian
 - None of the above
- The student lives with:
 - 1 Parent
 - 2 Parents
 - 1 Parent & another adult
 - A relative, friend(s) or another adult(s)
 - Alone with no adult
 - An adult that is not the parent or legal guardian
- Is the student under refugee status? Yes No

Country: _____ I-94 Number _____

- Was the child **born outside** of the United States? Yes No **If Yes, what country?** _____
- If child was **born outside** of the United States, are parents in the United States Military? Yes No
- If the child was **born outside** of the United States, list all schools attended for the **past 3 years**.

School Year	Grade	School Name	City	State	Country

 SIGNATURE OF PARENT OR GUARDIAN DATE



Maricopa County **Regional** School District

“The District of Miracles”

3409 W Whitton Ave * Phoenix, Arizona 85017 * Phone: 602-452-4700 * Fax: 602-452-4720

NOTICE TO PARENT (S)/GUARDIANS

Pursuant to the McKinney-Vento Education Assistance Act, it is the responsibility of the Maricopa County Regional School District to inform you of the following information regarding the education of your child.

1. You have the right to enroll your children in the school of origin before becoming homeless or where last enrolled. If you desire, you will be provided with assistance in order to exercise this right.
2. No homeless child or youth is required to attend a separate school for homeless children or youths.
3. If you choose to enroll your children at a school for homeless children, they are entitled to receive comparable academic, social psychological, transportation and other support as they would have been provided at their school of origin.
4. If your children attend school for homeless children, they have the right not to be stigmatized by school personnel as homeless.

For additional information regarding your rights as the parents(s)/guardian(s) of a homeless child, you may contact the State Coordinator for Education of Homeless Children and Youth, Frank Migali (602-542-2014).

Please sign and date this document as evidence that you have been informed of your rights regarding the education of homeless children and received a copy of Department of Education Information for Parents regarding homeless children’s rights.

Parent/Guardian Signature _____ Date _____



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ADVERTENCIA PARA PADRES/GUARDIANES

De acuerdo con el Acto de Asistencia de Educación McKinney-Vento para estudiantes sin hogar, es la responsabilidad del Distrito Escolar del Condado de Maricopa de informarles de la siguiente información para la educación de su hijo/a:

1. Usted tiene el derecho de inscribir a su hijo/a la escuela de origen antes de que se queden sin hogar o a la última escuela que haya asistido. Si usted lo desea usted puede obtener asistencia para ejercitar sus derechos.
2. Ningún niño o joven sin hogar será requerido asistir a una escuela separada para niños sin hogar.
3. Si usted decide registrar a su hijo/a en escuela para niños sin hogar, ellos tienen el derecho de recibir educación académica, social, psicológica, transportación y cualquier otra necesidad que la escuela de origen podría ofrecerles.
4. Si su hijo/a asisten a una escuela para niños sin hogar, ellos tiene el derecho de no ser juzgados por el personal de la escuela como niños sin hogar.

Para información adicional acerca de sus derechos como padres/guardianes del estudiante sin hogar, usted se puede comunicar con la persona responsable del programa con el Coordinador del Estado para la Educación de Niños y Jóvenes sin Hogar Sr. Frank Migali (602-542-2014).

Por favor de firmar y poner la fecha en el documento como evidencia de que usted fue informado con sus derechos para la educación para los niños sin hogar.

Firma de Padre/Guardian

Fecha



State of Arizona
 Department of Education
 English Acquisition Services

FOR OFFICE ONLY	
School Name: _____	CTDS _____
Entry Date _____	Entry Code _____
Student Number _____	
Grade _____	AZ SAIS ID Number _____
Birth Date _____	

**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 Educacion
Servicios de Aprndizaje del Ingles

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.

Student Health History

For your child's safety and welfare, please let us know if any of this information changes!

**** The school must have current/accurate information in case of emergency and for your child's safety. ****

**** PLEASE PRINT****

Student's Legal Last Name _____ **First Name** _____

(As it appears on legal document)

Date of Birth _____ **Gender:** M F **Grade** _____ **Teacher Name** _____ **ID#** _____
(Please Circle One)

Any problems at birth? _____

Please **CIRCLE** any current or past illness:

Allergies to _____

Anemia

Arm, leg, or body braces

Arthritis or rheumatic disease

Asthma

Attention deficit (hyperactive) disorder

Birth defects or developmental issues

Blind or vision problem _____ eye

Wears glasses/contacts

Blood disorder or sickle cell

Bowel or bladder problems

Wears diapers

Broken bones _____

Bronchitis (frequent)

Chicken pox

Color deficient

Convulsions or epilepsy

Deaf or hearing loss _____ ear

Has hearing aids

Diabetes

Diarrhea (frequent)

Ear infections

Eczema or skin problems

Fainting

Food allergies _____

Foot or leg problems

Head trauma

Heart defect _____

Hepatitis

Hernia

High blood pressure

Hives

Menstrual cramps (severe)

Migraine headaches

Muscle weakness

Neurological disorder _____

Nosebleeds

Orthopedic problem _____

Premature or low birth weight

Prosthetic _____

Psychiatric problem _____

Scoliosis

Seizures with fever - last one _____

Stomachaches (severe)

Ulcer

Vomiting (frequent)

Weight issues

Other: _____

Any **physical limitations**? ___ Yes ___ No If yes, what restrictions? _____
(Note: a doctor's note will be necessary for modified programs at school due to a medical condition.)

Is this child taking any **medication or an inhaler** at home? ___ Yes ___ No

If yes, please list medication, dosage, frequency, and reason: _____

Will this child be taking medication at school? ___ Yes ___ No (If yes, please see nurse for consent forms)

Has this child ever had **surgery or been hospitalized**? ___ Yes ___ No

If yes, when and what for _____

Has this child had ear tubes (myringotomy tubes)? ___ Yes ___ No If yes, are the tubes still in place? ___ Yes ___ No

Please **CIRCLE** any behavioral characteristics that apply:

Aggressive

Bites others

Frequent crying

Sleep problems

Substance abuse

Talks of hurting self or others

Tantrums

Tics or nervous gestures

Toileting problems

Does not cry with pain (high tolerance)

Unusual fears _____

Other: _____

I understand this information may be released to other school personnel to be used only in a confidential and professional manner in the best interests of my child.

Completed by _____ Date _____

Historia de Salud del Estudiante

¡Es muy importante que nos haga saber de cualquier cambio en la salud de su hijo/a inmediatamente!

La escuela debe mantener información actual y precisa para cualquier caso de emergencia y seguridad de su hijo/a.

Apellido Legal de Estudiante _____ Nombre _____
(Tal como aparece en los documentos legales)
Fecha de Nacimiento _____ Sexo: M F Grado _____ Maestra _____ ID# _____
(Por favor rodee uno)

¿Tuvo problemas al nacer? _____

Por Favor **ENCIERRE** las enfermedades presentes o Pasadas de su hijo/a:

Alergias _____

Anemia
Soporte para brazo, piernas
Artritis o fiebre reumática

Asma

Desorden del Problema de atención (hiperactividad)

Defectos de nacimiento o en el desarrollo
Ciego o problemas de la vista en el ojo _____ usar lentes de contactos

Problemas sanguíneos

Problemas del intestino o de la vejiga usa pañales

Fracturas _____

Bronquitis (frecuente)

Daltonismo (problema para diferenciar los colores)

Varicela

Convulsiones/epilepsia

Sordo o pérdida de la audición del oído _____

¿tiene prótesis de oído?

Diabetes

Diarrea (frecuente)

Infecciones del oído frecuentes

Problemas del eczema o de la piel

Sufre de desmayarse

Alergia a los alimentos _____

Problemas en piernas o pies

Trauma en la cabeza

Problema del corazón _____

Hepatitis

Hernia

Alta presión

Erupción de la piel

Cólicos menstruales (severos)

Dolores de cabeza o Migraña

Debilidad muscular

Desorden neurológico _____

Hemorragia nasal

Problema ortopédico _____

Nacimiento premature o bajo peso al nacer

Prótesis _____

Problema psiquiátricos _____

Escoliosis

Convulsiones por fiebre-

Fecha de la última _____

Dolores estomacales(severos)

Úlceras

Vómitos (frecuentes)

Problemas de peso

Otro _____

¿ **Alguna limitación físicas**? ____ Sí ____ No Sí la respuesta es afirmativa, ¿Cuáles son las restricciones? _____

(Nota: La nota de un doctor será necesaria para modificar programas en la escuela debido a una condición médica)

¿Su hijo/a está tomando algún **medicamentos**? ____ Sí ____ No

Si su respuesta es afirmativa, favor de anotar el nombre del medicamento, para que lo toma, dosis y horario _____

Debe tomarla en la escuela? ____ Sí ____ No (Si respondió afirmativamente por favor hable con la enfermera de la escuela para llenar las formas de consentimiento).

¿Su hijo/a ha tenido cirugías o ha sido **hospitalizado**? _____ Sí _____ No

Si su respuesta es afirmativa, ¿Cuándo y por qué razón fué la cirugía o la hospitalización? _____

¿Su hijo/a ha tenido tubos para drenar los oídos? _____ Sí _____ No

¿ Si su respuesta es afirmativa, ¿Todavía los tiene? ____ Sí ____ No

Encierra las características que describan el comportamiento de su hijo/a:

Agresivo /a

Muerde a otros

Llora frecuent mente

Problemas al dormir

Abuso de sustancias químicas

Amenaza con lastimarse a sí mismo o a los demás.

Pataletas

Tics o gestos nerviosos

Problemas para usar el baño

No llora con el dolor (la tolerancia alta)

Miedos inexplicables _____

Otros _____

Yo entiendo que esta información puede ser entregada a otro personal escolar para ser usada solamente en una forma profesional y confidencial en el mejor interés de mi niño.

Completada por _____ Fecha _____



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USE OF TECHNOLOGY RESOURCES IN INSTRUCTION **ELECTRONIC INFORMATION USERS AGREEMENT**

****Please read this document carefully.** When signed it becomes a binding agreement.

TERMS AND CONDITIONS

Acceptable use, I will use the service to support personal educational objectives within the educational goals and objectives of the Maricopa County Regional School District. In appropriate use may result in cancellation of use of information services and/or appropriate disciplinary action. I will not submit, publish, display, or retrieve materials forbidden statutes, laws, or District policies and regulations.

Personal Responsibility. I will report any misuse of the information service to a parent, teacher, to the system administrator, as appropriate.

I understand that many services and products are available for a fee and acknowledge the responsibility for any expenses incurred without District authorizations.

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.
- Avoid disruptions. I will not use the network in any way that would disrupt use of the systems by others.
- Be Brief
- Try to use correct spelling and make messages easy to understand.
- Use short and descriptive titles for my articles.
- Post only to new groups.

Services. MCRSD specifically denies any responsibility for the accuracy of information. While the Isaac District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information service is used and the bears the risk of reliance on the information obtained.

I have read and agree to abide by the MCRSD policy and regulations on appropriate use of the electronic information system as incorporated herein by reference.

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

Student Name _____

Signature _____ Date _____

****A student must also have the signature of a parent or guardian who has read and will uphold the agreement.**

PARENT OR GUARDIAN COSIGNER

As the parent or guardian of this student, I have read this agreement and understand it. I understand that it is impossible for the MCRSD to restrict access to all controversial materials and I will not hold the MCRSD responsible for materials acquired by use of the information services. I also agree to report any misuse of the information services to a School District Administrator. Misuse may come in many forms that 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 information services is not in a school setting, I hereby give my permission to have my child use electronic information services.

Name (print) _____

Signature _____ Date _____