

St. Johns Unified School District #1

NEW STUDENT ENROLLMENT

Welcome to St. Johns Unified School District. Please follow these steps to assure a smooth registration process.

Student Name: _____ Grade: _____

The following information must be provided:

- Proof of Residency / Address (ARS §15-821, 823, 824)**
(must reflect address within District under parent/guardian's name)
 - Current utility bill such as: electric, water, gas, or phone bill.
 - Rental Agreement / Escrow papers with address, parents/guardian's names, and signatures.
- Original / Copy of Immunization (Shots) Records (ARS §15-872, 873, 874)**
- Proof of Age / Certified Copy of Birth Certificate (ARS §15-828)**
(copy to be made, original to be returned)
- Name and address of last school attended**
- Withdrawal Form from last school attended
- Last report card(s)/Withdraw Grades/Transcript
- Standardized Testing/AIMS/State Testing Results
- Special Education placement documents (IEP forms / placement test scores)
- Any other medical / psychological documents pertaining to this student's educational program
- Legal Documentation of guardianship** (if applicable)
- Certificate of Indian Blood (CIB)** (if Native American)

Falsification of any information or documents required for this verification will result in revocation of registration for the student(s).

PARENT/LEGAL GUARDIAN STATEMENT:

I, _____, the parent / legal guardian of
(Print parent/guardian name)

_____, certify that the student named
(Print student name)

actually lives at the given address; and that all documents presented are, in fact, accurate.

Parent / Guardian Signature

Date

For Office Use Only

Documents seen/copied/received by: _____ Date _____

St. Johns Unified School District #1

AUTHORIZATION FOR RELEASE OF INFORMATION

I, hereby authorize:

Last District/School	
Address	
City, State, Zip	
Phone Number	Fax Number

And:

St. Johns Unified School District #1, P O Box 3030, St. Johns, AZ 85936
928-337-2255, Fax 928-337-2263

For Office Use Only:

Please fax and/or mail to the following school/department in St. Johns Unified School District.

- Coronado Elementary School, P O Box 609, St. Johns, AZ 85936
928-337-4435, Fax 928-337-4930
- St. Johns Middle School, P O Box 3060, St. Johns, AZ 85936
928-337-2132, Fax 928-337-3147
- St. Johns High School, P O Box 429, St. Johns, AZ 85936
928-337-2221, Fax 928-337-2867
- Special Services, P O Box 3030, St. Johns, AZ 85936
928-337-2174, Fax 928-337-3526

to share any information which may be of value in formulating the best plan for the education of my child (or children) as listed below. This request includes psychological evaluations, education assessments, medical records and reports, special education placements, individual education plans (IEP), and cumulative records of school, academic progress, transcript, testing information and withdraws grades.

Student's Last Name (Legal)	First	Preferred Name	Date of Birth
Student's Last Name (Legal)	First	Preferred Name	Date of Birth
Student's Last Name (Legal)	First	Preferred Name	Date of Birth
Student's Last Name (Legal)	First	Preferred Name	Date of Birth

It is understood that the confidential nature of these records will be maintained as prescribed by the Family Rights and Privacy Act.

Signature of Parent/Guardian	Date
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Relationship to Child/Children

St. Johns Unified School District #1

NEW STUDENT ENROLLMENT

For Office Use Only:
 Date of Enrollment _____/Entry Code ____/____
 Date entered in PowerSchool _____/____

Student Information

_____, _____, _____, _____
 Last Name (Legal) First Middle Preferred Name

Gender: Male Female

 Social Security No. (needed for attendance programs & scholarships)

_____, _____
 Date of Birth Place of Birth

_____, _____
 Citizenship SAIS #

Ethnicity: Caucasian Hispanic American Indian
 African American Asian Other _____

Residence Information

Student resides with: Parents Mother Only Father Only Guardian(s)

_____, _____, _____
 Residential/Street Address City Zip

_____, _____, _____
 PO Box Mailing Address City Zip

_____, _____, _____
 Home Phone No. Email Address (optional)

Parent/Guardian/Family Information

_____, _____, _____
 Father/Guardian's Last Name First Occupation

_____, _____
 Father/Guardian's Place of Employment Work Telephone No.

_____, _____, _____
 Father's Home Phone No. (if different) Cell Phone No. Email Address (optional)

 Level of education completed by father:

_____, _____, _____
 Mother/Guardian's Last Name First Occupation

_____, _____
 Mother/Guardian's Place of Employment Work Telephone No.

_____, _____, _____
 Mother's Home Phone No. (if different) Cell Phone No. Email Address (optional)

 Level of education completed by mother:

Other Children:	Birth Date:	Grade:	School Attending:

_____, _____, _____, _____
Last Name (Legal) First Preferred Name Date of Birth

Student Health Information

In the event of illness or injury during your absence, list minimum of two persons who will be responsible for your child, including checking out/in my child.

_____, _____
Emergency Contact #1 Telephone No.

_____, _____
Emergency Contact #2 Telephone No.

_____, _____
Emergency Contact #3 Telephone No.

In the event of accident or illness, and we are unable to reach you. Do you give permission for your child to be taken, at your expense, to the doctor or hospital for treatment? Yes No

_____, _____
Family Doctor Telephone No.

_____, _____
Hospital Telephone No.

_____, _____
Signature of Parent/Guardian Date

Do you give permission for your child to be given Tylenol while at school? Yes No

_____, _____
Signature of Parent/Guardian Date
(Attention High School Applicants: There are no provided medications for students, unless provided by parent/guardian.)

Any known medical conditions that may affect your child while at school? Heart Asthma Kidney
 Diabetes Migraine Epilepsy Other _____

_____, _____
Medication allergies Food allergies

_____, _____
Physical restrictions Dietary restrictions

Medications taken on a regular basis

Any other information that might be important to your child's well being? _____

_____, _____, _____, _____
Last Name (Legal) First Preferred Name Date of Birth

Bus/Transportation Information

My child will be walking home from School. Yes No

For High School Only:

My child will be transporting himself/herself to and from school (private transportation). Yes No

My child will be transported by _____ after school.
(Caregiver/Child Care Facility/Family Member)

Child Caregiver Information (if applicable):

_____, _____
Street Address of Caregiver/Child Care Facility Phone Number

_____, _____
Child Care Driver Child Care Bus No.

Before School Bussing

_____, _____
Street Address to be picked up Phone Number

_____, _____, _____
Bus Stop Bus Driver Bus Number

After School Bussing

_____, _____
Street Address to be dropped off Phone Number

_____, _____, _____
Bus Stop Bus Driver Bus Number

I, as parent/guardian, authorize the aforementioned transportation to be provided to my child. I acknowledge that I will notify the school if there are any changes in writing. I understand that phone calls will not be authorization of transportation changes.

_____, _____
Signature of Parent/Guardian Date

_____, _____, _____, _____
Last Name (Legal) First Preferred Name Date of Birth

Previous School Information *(Please complete Authorization for Release of Information)*

_____, _____
Last School Attended District

_____, _____
Dates Attended Grade Levels

Has your child ever been long-term suspended or expelled from any school? Yes No

If Yes, where? _____

Has your child ever attended school in the St. Johns School District? Yes No

If Yes, where and when? _____

Has your child ever been retained? Yes No

If Yes, what grade? _____

Special Services Information

My child was in a Special Education Program at his/her previous school: Yes No

If Yes, please identify the type of disability (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Autism/Asperger's |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Mild, Moderate or Severe
Mental Retardation | <input type="checkbox"/> Speech/Language
Impairment | <input type="checkbox"/> Preschool Speech/
Language Delay |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Preschool Moderate
Delay |
| <input type="checkbox"/> Multiple Disabilities with
Severe Sensory Impairment | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Preschool Severe Delay |

As parent/guardian I gave the St. Johns Unified School District permission to place my child in the district's special education program on a temporary basis until the records from the previous school (which may include but not limited to psychological evaluations, education assessments, medical records and reports, special education placements, individual education plans (IEP) is received or completed.

_____, _____
Signature of Parent/Guardian Date

Relationship to Child/Children

Primary Home Language Survey (pursuant ARS§ 7-2-306)

1. What is the language most often spoken in the student's home? _____
2. What is the language most often spoken by the student? _____
3. What is the student's first acquired language? _____

For Office Use Only:

**Fax this page, Authorization for Release of Information and 1st page of Enrollment to Special Services (337-3526)*



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.

ST. JOHNS UNIFIED SCHOOL DISTRICT

Acceptable Use Policy

2016 - 2017

The St. Johns Unified School District is providing computer network and Internet access for its students. This service allows students to share information, learn new concepts, research diverse subjects, and create and maintain school-based websites.

Each year, any student who wants computer network and Internet access for that upcoming school year must sign and submit an Acceptable Use Policy. Students who are under 18 must also have their parent or guardian sign this policy. By signing this agreement, the student, and parent or guardian agree to follow the rules set forth in this policy and to report any misuse of the computer network or the Internet to a teacher or supervisor.

UNACCEPTABLE USES OF THE COMPUTER NETWORK OR THE INTERNET

The following uses of the account provided by the school district are unacceptable:

1. Selling or purchasing any illegal substance;
2. Accessing, transmitting, or downloading pornography, obscene depictions, harmful materials, or materials that encourage others to violate the law.
3. Transmitting or downloading confidential information or copyrighted materials.
4. Uses that involve obtaining and or using an anonymous e-mail site.
5. Uses that cause harm to others or damage to their property are unacceptable.
6. Distribution of your, or anyone else's account login information.

Unacceptable uses also include, but are not limited to the following:

1. Deleting, copying, modifying, or forging other users e-mails, files, or data;
2. Accessing another users email without their permission;
3. Damaging computer equipment, files, data or the network;
4. Using profane, abusive, or impolite language;
5. Disguising one's identity, impersonating other users, or sending anonymous e-mail messages.
6. Threatening, harassing, or making defamatory or false statements about others;
7. Accessing, transmitting, or downloading offensive, harassing, or disparaging materials;
8. Accessing, transmitting or downloading computer viruses or other harmful files or programs, or in any way degrading or disrupting any computer system performance;
9. Accessing, transmitting or downloading large files, including "chain letters" or any type of "pyramid schemes."
10. Using any district computer to pursue hacking, internal or external to the district, or attempting to access information that is protected by privacy laws.
11. Uses that jeopardize access or lead to unauthorized access into accounts or other computer networks are unacceptable.
12. Commercial uses of the school network are unacceptable.

ST. JOHNS UNIFIED SCHOOL DISTRICT

Acceptable Use Policy Agreement

2016 – 2017

Every student must read this section and sign below.

I have read, understand, and agree to abide by the terms of the St. Johns Unified School District's Acceptable Use Policy. I agree that in keeping with the mission, spirit and philosophy of St. Johns Unified School District, it is my responsibility to make good choices when I use school equipment, network and Internet. I understand and agree that if I do not adhere to the rules listed within the Acceptable Use Policy, my privileges may be revoked and disciplinary action may be taken against me.

Print Name: _____

Signature: _____ Date: _____

Parent or Guardian must read this section and sign below.

As parent or legal guardian of _____ (student name), I have read, understand, and agree that he/she will comply with the terms of this Acceptable Use Policy. I understand that network access is being provided for educational purposes only. I also understand that the school will provide reasonable content filtering as required by federal regulations, but that it is impossible for the school to restrict access to all offensive and controversial materials. I understand my child's responsibility for making good choices and abiding by the rules set forth in this policy. I understand that if my child violates the policy, he/she may be subject to disciplinary action and financial responsibility for damaged equipment. I hereby give my permission for my child to use school computers and other electronic hardware, as available, and to have access the computer network and internet.

Print Name: _____

Signature: _____ Date: _____

2016-2017 School Year

St. Johns Unified School District

PERMISSION TO POST STUDENT PHOTOS ON THE WEB

(or in other school publications)

Dear Parent(s),

St Johns Unified School District is excited to be able to share our students' accomplishments and achievements with the community, state and even the world via our district website and facebook pages.

Throughout the school year there may be times when your student's photo could be published on the school website, on the school's facebook page, school newsletters/newspapers or the local newspapers.

There might be times when teachers may also want to showcase a student's work online. The privacy of our students is protected by the law, and this applies to photos taken in school and posted in public. Therefore, the district needs to obtain permission to display these types of photos on the web. In order to protect student identity, only first names of students will be used online (if that).

Student Photo Permission-



I hereby grant to St. Johns Unified School District, permission to use photographs and/or work of/by:

_____, a minor (student's name)

_____, Parent/Guardian

_____ date

_____ grade

Or:



I DO NOT grant permission for photographs of the above names student to be used on the schools website/publications.

Last Name (Legal)

First

Preferred Name

Date of Birth

For Office Use Only

Item/Task	Date	Staff Signature /Initials
<input type="checkbox"/> Proof of Residency / Address Received <input type="checkbox"/> Current utility bill: <input type="checkbox"/> Electric Bill, <input type="checkbox"/> Water Bill, <input type="checkbox"/> Gas Bill <input type="checkbox"/> Phone Bill <input type="checkbox"/> Rental Agreement or Escrow papers with address, parent's / guardian's names, and signatures. Make copy for Cumulative File with Date stamp		
Does the student live within district? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, then Open Enrollment-Attendance Application must be completed.		
<input type="checkbox"/> Original / Copy of Immunization (Shots) Records Make 2 copies, 1 for Cumulative File and 1 for School Nurse with Date stamp.		
<input type="checkbox"/> Original / Copy of Birth Certificate Make copy for Cumulative File with Date Stamp		
<input type="checkbox"/> Received Completed Enrollment Forms (6 pages) with Date Stamp		
<input type="checkbox"/> Copy of Student Health Information to School Nurse		
<input type="checkbox"/> Fax Bus/Transportation Information to Bus Barn – 337-3908		
<input type="checkbox"/> Fax Previous School/Special Services information page with Authorization for Release of Information and Page 1 (Student Information) to Special Services - 337-3526 (if special services is checked and/or another language than English is noted)		
<input type="checkbox"/> Certificate of Indian Blood (if Native American) Make copy for Cumulative File with Date Stamp <input type="checkbox"/> Copy to the JOM Coordinator with copy of Birth Certificate		
Date of Enrollment / ENTRY CODE _____ <i>(Date of Enrollment is the date the Student begins attending class, this must agree with Teacher records)</i> <input type="checkbox"/> Enter in the School Log Book		
<input type="checkbox"/> Enter Student Information, etc. into PowerSchool <i>Verify if student falls into special enrollment or tuition categories and verify that all information is entered accurately. Should be done the 1st day of information received (maximum 5 days).</i>		
<input type="checkbox"/> Print Student information and schedule from PowerSchool, along with the Student Screening Report for the teacher(s) (as soon as possible)		
<input type="checkbox"/> Fax Previous School the Authorization for Release of Information. Establish a tracking of this task.		
<input type="checkbox"/> If student has ever been long-term suspended or expelled from any school: advise counselor, principal or vice principal as directed by principal.		

For Office Use Only