

# 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- Must reflect address within the District under parent/guardian's name. A current utility bill with the physical address printed on it or a rental agreement/escrow papers with address, parent/guardian names and signatures.**
- **Original Copy of Immunization Records**
- **Certified Copy of Birth Certificate/ Proof of Age, copy to be made, original to be returned.**
- **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.**

\_\_\_\_\_ Date \_\_\_\_\_

(parent/ guardian signature)

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. <b>Make copy for Cumulative File with Date stamp</b>		
<b>Does the student live within district?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, then Open Enrollment-Attendance Application must be completed.</b>		
<input type="checkbox"/> Original / Copy of Immunization (Shots) Records <b>Make 2 copies, 1 for Cumulative File and 1 for School Nurse with Date stamp</b>		
<input type="checkbox"/> Original / Copy of Birth Certificate <b>Make copy for Cumulative File with Date Stamp</b>		
<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) <b>Make copy for Cumulative File with Date Stamp</b> <input type="checkbox"/> Copy to the JOM Coordinator with copy of Birth Certificate		
<b>Date of Enrollment / ENTRY CODE _____</b> <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 1<sup>st</sup> 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**

# St. Johns Unified School District #1

## Request for Student Records

Date of Request \_\_\_\_\_

Name of Previous School \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Fax Number \_\_\_\_\_

### Student(s) Information-

• Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade Level \_\_\_\_\_ Arizona Id # (SASID#) \_\_\_\_\_

• Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade Level \_\_\_\_\_ Arizona Id # (SASID#) \_\_\_\_\_

### The following records are hereby requested:

Report Cards

Immunization Records

Test Data/ standardized test scores/AzMerit

Health/Medical Records

List of courses/grades at time of withdrawal

Psychological evaluations

IEP if applicable

Copy of Birth Certificate

Discipline Records

Attendance Records

### Signature of Requesting School Representative:

Signature

Title

Date

Please Fax to-

St. Johns Middle School

Fax-928-337-3147

Phone- 928-337-2132

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.



## 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





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

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## Acceptable Use Policy Agreement

**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:** \_\_\_\_\_

# ST. JOHNS UNIFIED SCHOOL DISTRICT

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## Acceptable Use Policy

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.



**Arizona Department of Education  
Arizona Residency Guidelines  
9/22/11**

**INTRODUCTION**

Generally, under Arizona law, only Arizona residents are entitled to a free public education. The Arizona Department of Education ("Department") is a designated steward of state education tax dollars and is responsible for providing state aid to school districts and charter schools for students who reside in Arizona. Pursuant to A.R.S. § 15-823(J), a school district or charter school may not include non-resident pupils in their student count and may not obtain state aid for those pupils. The residency of a student is determined by the residency of the parent or guardian with whom the student lives. Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that their student/parent residency information is accurate and verifiable. The Department may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student's residency status may be required to repay the state aid received for that student.

**VERIFIABLE DOCUMENTATION**

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 must be provided each time a student enrolls in a school district or charter school in this state, and reaffirmed during the district or charter's annual registration process via the district or charter's annual registration form. The documentation supporting Arizona residency should be maintained according to the school's records retention schedule.

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent/legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family's household is multi-generational. Different documentation is required for each circumstance.

**1. Parent(s) or legal guardian(s) that maintains his or her own residence:** The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide one of the following documents, which bear the parent or legal guardian's full name and residential address or physical description of the property where the student resides (no P.O. Boxes):

- Valid Arizona driver's license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid United States passport
- Property deed

- Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)

2. **Parent(s) or legal guardian(s) that does not maintain his or her own residence:** The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit bearing the name and address of the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the bulleted list above bearing the name and address of the person who maintains the residence. A model affidavit is available for schools at: <http://www.azed.gov/finance/files/2011/10/arizona-residency-guidelines.pdf>.

**USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS**

School officials must retain a copy of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indicia of residency; however, documentation is subject to audit by the Department. Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing.



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

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

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 U.S. passport
- \_\_\_ 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 or other identification issued by a recognized Indian tribe that contains an Arizona address.
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- \_\_\_ 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



**State of Arizona  
Affidavit of Shared Residence**

I swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me:

\_\_\_\_\_  
\_\_\_\_\_

Location of my residence:

\_\_\_\_\_

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- \_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_ Valid U.S. passport
- \_\_\_ 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 or other identification issued by a recognized Indian tribe.
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

**Acknowledgement**

State of Arizona  
County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_