



Littleton Elementary School District #65

ENROLLMENT INFORMATION REQUIREMENTS

The following forms are **required and must be provided** in order to complete the enrollment process:

➤ ***Proof of address***

Please note: A personal check stub or hand written receipts from a landlord ARE NOT valid Proof of Address.

The following will satisfy this requirement:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- 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 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)

All addresses are subject to Address Verification and/or a Home Visit by our School Personnel.

➤ ***Birth Certificate***

➤ ***Current Immunization Record***

➤ ***Withdrawal slip and last report card from last school (if applicable)***

➤ ***Proof of guardianship and Identification Card (if applicable)***

If the student is living with someone other than the parent, you must provide necessary LEGAL DOCUMENTATION to verify such information. If there are any legal custody issues, legal documentation must be provided such as: (i.e. Full/Joint/Temporary Custody Court Orders, Restraining Orders, or Orders of Protection, etc.)

ONLY a Legal Parent(s)/Guardian can enroll a student. Legal Parent(s)/Guardian MUST sign ALL documents.

Littleton Elementary School District #65 • PO Box 280 • Cashion, Arizona 85329 • (623) 478-5600 Reception • (623) 478-5625 Facsimile
Underdown Learning Center and Administrative Offices • 1600 South 107th Avenue, Avondale, Arizona 85323

www.littletonaz.org

Collier Elementary (623) 478-5900
www.coes.littletonaz.org

Estrella Vista STEM Academy (623) 478-6200
www.eves.littletonaz.org

Littleton Elementary (623) 478-5700
www.lnes.littletonaz.org

Tres Rios Service Academy (623) 478-6300
www.tres.littletonaz.org

Country Place Leadership Academy (623) 478-6100
www.cpes.littletonaz.org

Fine Arts Academy (623) 478-6400
www.faes.littletonaz.org

Quentin Elementary (623) 478-6000
www.ques.littletonaz.org



Littleton Elementary School District #65
1600 South 107th Avenue, Avondale 85323

| For office use only | | School of Attendance | |
|------------------------------------|--|--|---|
| Teacher _____ | Rm. _____ | <input type="checkbox"/> Collier | Address Area: _____ |
| Date _____ | Grade: _____ | <input type="checkbox"/> Country Place | Student SAIS #: _____ |
| Entry Date _____ | Code: _____ | <input type="checkbox"/> Estrella Vista | Student ID #: _____ |
| Red Tag..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Fine Arts | Immunization <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has child ever been retained?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Littleton | Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has child ever been expelled?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Quentin | Proof of Residency <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Variance..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Tres Rios | Identification <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Open Enrollment..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Underdown | Date Received: _____ |
| Charter School..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Learning Center | |

Student's Legal Last Name: _____ First: _____ Middle: _____

Birth Date: _____ Birth State/Country: _____ Male Female

Both Part 1 and Part 2 questions must be answered:

Part 1: Race: What is the student's race? (Choose one or more)

American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White

Part 2: Ethnicity: Is the student Hispanic or Latino? (Choose one) No, not Hispanic or Latino Yes, Hispanic or Latino

Please specify who the student lives with: Mother Father Stepmother Stepfather Aunt/Uncle Grandparents Legal Guardian

Street Address: _____ City: _____ Zip: _____

Mailing Address(If different): _____ City: _____ Zip: _____

Home Telephone: _____ Work/Day phone #: _____ Email: _____

Mother's Name: _____ Occupation: _____ Cell Phone: _____

Father's Name: _____ Occupation: _____ Cell Phone: _____

Legal Guardian: _____ Occupation: _____ Cell Phone: _____

If Separated or Divorced, who has legal custody of this child? _____

Does the other parent have visitation rights? Yes No If No: Copies of papers furnished: Yes No

Brothers and Sisters in the Littleton Elementary School District

| Name | School | Grade | Name | School | Grade |
|------|--------|-------|------|--------|-------|
| | | | | | |
| | | | | | |
| | | | | | |

School Last Attended: _____ City: _____ State: _____

Previously enrolled in this District? Yes No When _____ What School? _____

Previously enrolled in a school in Arizona? Yes No When _____ What School? _____

Previously enrolled in a school outside the U.S.? Yes No When _____ What School? _____

Responses to the statement below will be used to determine whether your child will be assessed for English Language Proficiency

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? _____

Please check all the programs that your child has been a part of : Gifted Special Ed Bilingual Speech 504 Other None

The above information is accurate and complete to the best of my knowledge:

Signature Parent/Guardian _____

Date _____

Nurse Food Service McKinney-Vento/Migrant Special Ed: _____ Entered by: _____



Littleton Elementary School District Emergency Medical Referral Card

Student Name: _____ DOB: _____ Grade: _____
 Home Address: _____ Email: _____
 Mailing Address: _____ Home#: _____
 Mother/Guardian: _____ Cell # _____ Work# _____
 Father/Guardian: _____ Cell # _____ Work# _____

Name of person/s that my child may be released to:

Name: _____ Relationship: _____
 Address: _____ Phone: _____

Name: _____ Relationship: _____
 Address: _____ Phone: _____

Name: _____ Relationship: _____
 Address: _____ Phone: _____

Medical History (Check all that apply)

Asthma Physical Handicap Hepatitis Diabetes Heart Condition Seizures Valley Fever
 T.B. or contact Hearing Loss Wears Glasses Epi-Pen Varicella/Chickenpox Date: _____
 Allergies Type _____
 Injuries: _____ Date: _____
 Fractures: _____ Date: _____
 Surgical History of Student (include dates if known): _____

 _____ Approx. Dates: _____

Is student on medication? Yes No
 If Yes, for what condition? _____
 What medication? _____
 Other: _____

My child has permission to receive the following:
 Generic Tylenol Generic Calamine Lotion Saline Eye Wash Cough Drops Lozenge
 Generic Ibuprofen/Motrin Tums Pepto-Bismol

I, the undersigned parent/guardian hereby give my consent for the above child to be released to the relative/ friend I have designated and/or to be taken to the nearest hospital in case of emergency.

Signature of Parent _____ Date: _____

This information may be shared with the Littleton Elementary School District school staff on a need to know basis.



SPECIAL EDUCATION INFORMATION SURVEY

Parents or guardians of students should complete this form at time of enrollment:

In order to provide continuity in the educational environment, it is important that we are informed of any special education services previously received by your child. Please complete the following form and feel free to add any comments in the space provided below.

Student Name: _____ DOB: _____

Previous School: _____

How long was your child at this school? _____

- Has your son/daughter ever had any Special Education Services provided for him/her at a previous school? Yes No
- Has your son/daughter ever been tested for Special Education? Yes No
- Have you ever signed an Individualized Education Plan (IEP) that provides for Special Education Services? Yes No
- Has your son/daughter received any Special Education Services in the past but is no longer in need of these services? Yes No

Please check the special programs that your student has participated in:

- Specific Learning Disability (SLD) or Resource room support for math, reading or writing help
 - English as a Second Language Program, pulled out to learn English
 - Speech and Language therapy - SLI
 - Orthopedic Impairment (Physical or Occupational Therapy for fine motor skills) - PT/OT
 - Hearing Impairment - HI
 - Visual Impairment - VI
 - Other Health Impairment - OHI
 - Emotional Disability, Self-Contained Classroom for Behavior - ED
 - Self-Contained-Smaller classrooms for slower learners
 - Self-Contained-Smaller classrooms for Life Skills (Multiple Disabilities)
 - Traumatic Brain Injury – TBI
 - Section 504 Accommodation Plan
 - Gifted Program
 - Other or comments: _____
- _____
- _____

Signature of Parent: _____ Date: _____



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)



**Littleton Elementary School District 65
McKinney-Vento Eligibility Determination
Student Residency Questionnaire**

COES CPES EVES FAES LNES QUES TRES

Student Name _____ Grade _____

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

Phone number _____ Street Address _____ City _____ State _____ Zip _____

**Do any of the following situations apply to the student?
Please circle 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 YES NO
 - 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 "Check 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. McKinney-Vento students are immediately eligible for Free School Lunch when authorized by the McKinney-Vento Liaison. Free lunch for McKinney-Vento students will be extended to the end of the school year.

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

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

For McKinney-Vento Liaison Use Only

| | | | |
|---|----------|--------------------|--------------|
| Student ID: | SAIS ID: | Teacher: | Enroll Date: |
| Eligible for McKinney-Vento Services | | YES NO | Date: _____ |

Print District Liaison Name *(required)* _____ Signature *(required)* _____ Date _____

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



**Littleton Elementary School District
Proof of Address**

Collier Country Place Estrella Vista Fine Arts Littleton Quentin Tres Rios

Student Name /Nombre del estudiante: _____

Parent /Guardian Name: _____

Nombre del padre, madre o tutor

Physical Address /Domicilio físico: _____

In order to register your child/children in the Littleton Elementary School District, you must provide documentation indicating your place of residence. Proof of residence may be demonstrated with documentation such as */A fin de inscribir a su hijo o hijos en el Distrito Escolar Littleton, es necesario que proporcione documentos que verifiquen su domicilio tales y como los siguientes:*

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
Licencia de conducir válida o credencial de identificación o tenencia de su vehículo del estado de Arizona
- _____ Real estate deed or mortgage documents */Escrituras de la vivienda o estado de cuenta de la hipoteca*
- _____ Property tax bill */Recibo de impuestos de la vivienda*
- _____ Residential lease or rental agreement */Contrato de arrendamiento de la vivienda*
- _____ Water, electric, gas, cable, or phone bill */Recibo del agua, electricidad, gas, cable o teléfono*
- _____ Bank or credit card statement */Estados de cuenta de su banco o tarjeta de crédito*
- _____ W-2 wage statement */Estados de cuenta salariales W2*
- _____ Payroll stub */Talón de cheque salarial*
- _____ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address */Certificado de registro tribal u otra identificación emitida por una tribu india reconocida que contenga un domicilio de Arizona*
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security) */Documentos de alguna institución gubernamental estatal, federal o tribal (Dirección de Seguro Social, Dirección de Veteranos, Departamento de Seguridad Económica de Arizona)*
- _____ 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. */Al presente no puedo presentar ninguno de los documentos mencionados. Por lo tanto, he proporcionado la copia original de una declaración jurada firmada y notariada por un residente de Arizona quien certifica que he establecido residencia en Arizona con la persona que firma esta declaración.*

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: */Como padre o tutor legal del estudiante, certifico que soy residente del estado de Arizona y en corroboración de esta certificación presento una copia de los documentos siguientes con mi nombre, domicilio residencial o descripción física de la propiedad donde vive el estudiante:*

Parent/Guardian Signature: _____ Date: _____
Firma del padre, madre o tutor Fecha

Please be advised: If it is reported that you do not live in the Littleton Elementary School District and an investigation indicated non-residence; your child/children will be withdrawn from school. */De informarnos que usted no vive en la zona de asistencia del Distrito Escolar Littleton y una investigación lo confirma, su hijo o hijos serán dados de baja de la escuela.*

TO BE COMPLETED BY SCHOOL PERSONNEL

The following document, _____ was presented to me as Proof of Address.

Employee Signature: _____ Date: _____



Authorization to Release/Request Student Records
Autorización para solicitar y emitir los expedientes del estudiante

Student Name/*Nombre del estudiante*: _____

DOB/*Fecha de nacimiento*: _____

Parent/Guardian/*Padre, madre o tutor*: _____

Previous School/*Escuela anterior*: _____

Previous School Address/*Domicilio de la escuela anterior*: _____

Previous School Phone/*Teléfono de la escuela anterior*: _____

Previous School Fax/*Fax de la escuela anterior*: _____

Office Personal Requesting Record/*Personal de la oficina que solicita el expediente*: _____

Was your student in the ELL Program? / *¿Participó el estudiante en un programa ELL?* Yes/Sí No

Was your student in Special Education? / *¿Participó el estudiante en un programa de Ed. Especial?* Yes/Sí No

Please mail or fax all records to (Select One):

Collier Elementary
350 South 118th Ave, Avondale, AZ 85323
623-478-5900 / Fax: 623-478-5920

Littleton Elementary
1252 South Avondale Blvd, Avondale, AZ 85323
623-478-5700 / Fax: 623-478-5720

Country Place Leadership Academy
10207 W. Country Place, Tolleson, AZ 85353
623-478-6100 / Fax: 623-478-6120

Quentin Elementary
11050 W. Whyman Ave., Avondale, AZ 85323
623-478-6000 / Fax: 623-478-6020

Estrella Vista STEM Academy
11905 W. Cocopah Cir. N., Avondale, AZ 85323
623-478-6200 / Fax: 623-478-6220

Tres Rios Service Academy
5025 S. 103rd Ave, Tolleson, AZ 85353
623-478-6300 Fax: 623-478-6320

Fine Arts Academy
1700 S. 103rd Ave. Tolleson, AZ 85353
623-478-6400 / 623-478-6420

Special Education Records will be requested by the Littleton Elementary School District Special Education office. Please DO NOT send any SPED records to individual schools. For more information, please contact:

Littleton Elementary School District - Special Education Department
(623) 478-5613 – Phone
(623) 478-5645 - FAX

All information will be used in a confidential and professional manner in the best interest of the student named above.
La información se tratará de manera confidencial y para el mejor provecho del estudiante mencionado.

In accordance with the Family Educational Rights and Privacy Act of 1974, I hereby authorize the Littleton Elementary School District to request ALL student records including Special Education. / *De conformidad con la Ley de Derechos Educativos y de Privacidad de la Familia de 1974, por este medio autorizo al Distrito Escolar Littleton para que solicite TODOS los expedientes del estudiante, incluyendo los de Educación Especial.*

Parent/Guardian Signature/*Firma del padre o tutor* _____

Date/*Fecha* _____

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www.ques.littletonaz.org



MIGRANT EDUCATION PROGRAM

CENTRAL VALLEY CONSORTIUM

PARENT SURVEY

SCHOOL DISTRICT: _____ DATE COMPLETED: _____

OF CHILDREN IN HOUSEHOLD: _____ AGES OF CHILDREN: _____

NAME OF SCHOOL ATTENDED BY CHILD(REN): _____

Please complete this form to determine if your child(ren) may qualify to receive additional services under Title I, Part C, Migrant Education Program.

1. Have your child(ren) been enrolled in the Migrant Education Program in the state of Arizona or any other state?
 YES NO If yes, please indicate the date and state where your child(ren) received services.

2. In the last three (3) years has your family made a move to work or search for work in another city, county or state? YES NO If yes, what is the date your family arrived in the city/town you reside in at this time? _____

3. Has anyone in your immediate family worked in one of the occupations listed below, either as a seasonal or temporary (less than 12 months) employee?

Check ALL that apply:

- Agriculture:** *planting/picking vegetables/fruits such as tomatoes, lettuce, squash, broccoli, strawberries.*
- Planting:** *planting seeds, growing or cutting trees, raking pine straw.*
- Processing/packing agriculture products:** *cleaning, weighing, cutting, sorting, freezing, packing.*
- Dairy/Poultry/Livestock:** *herding, handling, feeding, branding, slaughtering, cutting, trimming, deboning.*
- Meatpacking/Meat processing/Seafood:** *skinning, hanging, cutting, trimming, freezing.*
- Fishing:** *scaling, cutting, freezing, dressing, enclosing the raw product in a container.*
- Other:** *Please specify occupation* _____

Name of Parent(s) or Legal Guardian(s): _____

Current Address: _____

City/State/Zip: _____ Contact Number: _____

THANK YOU!

PLEASE RETURN THIS FORM TO THE SCHOOL AS SOON AS POSSIBLE, IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ANGELICA MEZA (623) 243-2271