

Documents Needed for Students Registration
In the Saddle Mountain Unified School District

Students must be registered by their parents. A legal guardian must provide court documentation.

It is the sole responsibility of the parent to obtain and provide the following applicable documentation:

- 1. Certified Birth Certificate**
- 2. Immunization record**
- 3. Proof of residency; 30 Days current (rent, purchase agreement, APS, water or gas bill with your name and address on it.) If your family has moved in with someone, you must complete a Shared Residency Affidavit.**
- 4. Official Notice of Pupil Withdrawal form (if previously enrolled in an Arizona school)**
- 5. Court ordered custodial documents (if applicable)**
- 6. Valid Driver's License/Picture ID**

Documentos Necesarios para Inscribir Estudiantes
en la Distrito de Saddle Mountain Unified School District.

Los estudiantes deben de ser inscritos por uno de sus padres. El tutor legal tiene que proveer documentos de la corte.

El padre/madre tiene que proveer la siguiente información. Es la responsabilidad de los padres para obtener esta información.

- 1. Acta de Nacimiento**
- 2. Boleta de Vacunación**
- 3. Prueba de residencia dentro del distrito escolar (recibo de renta, recibo de una compra mayor, recibo de luz, agua o gas butano con su nombre y dirección en ellos...) Si su familia está viviendo con alguien más, necesitas debe completar una Declaración Jurada de Residencia Compartida.**
- 4. Notificación Oficial de que el estudiante fue dado de baja (si anteriormente estuvo inscrito en otra escuela en Arizona).**
- 5. Documento de Custodia legal de la corte (si aplica).**
- 6. Licencia de Manejar valida/Identificación con foto.**



SADDLE MOUNTAIN UNIFIED SCHOOL DISTRICT #90 - STUDENT REGISTRATION FORM

STUDENT INFORMATION – PLEASE PRINT – Student name should be listed as on Birth Certificate.

Student Legal Last Name	Student Legal First Name	Middle Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	GRADE
Residence Address	City/State	Zip	Date of Birth	
Mailing Address (if different than above)	City/State	Zip	State of Birth:	
Country of Birth: <input type="checkbox"/> USA <input type="checkbox"/> Other:				

Has your child ever received Special Education Services Yes No Does your student have a current IEP? Yes No

504 Plan Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Gifted Services <input type="checkbox"/> Yes <input type="checkbox"/> No	ELL Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Speech Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your student have any challenges or disabilities?
Has student ever been retained <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade?				

Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race Background: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native
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List brothers/sisters that attend school in our district:	Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom Only <input type="checkbox"/> Dad Only <input type="checkbox"/> Mom & Step Dad <input type="checkbox"/> Dad & Step Mom <input type="checkbox"/> Guardian
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PARENT/GUARDIAN INFORMATION – PLEASE PRINT

Parent/Guardian Last Name (Mother)	Parent/Guardian First Name	Home Phone:	Cell Phone:	Work Phone:
Address if different than Student	City	Zip	Contact this person <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	
Parent/Guardian Last Name (Father)	Parent/Guardian First Name	Home Phone:	Cell Phone:	Work Phone:
Address if different than Student	City	Zip	Contact this person <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	
Parent/Guardian Last Name (Other)	Parent/Guardian First Name	Home Phone:	Cell Phone:	Work Phone:
Address if different than Student	City	Zip	Contact this person <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	

Parent/Guardian e-mail:

Who has legal custody? Court Documents Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who has physical custody? Court Documents Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
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In addition to parents/guardians above, student may be released to:	Relation to student	Phone
1. _____	_____	1. _____
2. _____	_____	2. _____
3. _____	_____	3. _____

PREVIOUS EDUCATION INFORMATION – PLEASE PRINT

Last School Attended	School Phone	Last day of attendance:
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Has student ever been long-term suspended (10 or more days) and/or expelled? Yes No If yes, explain on back.

Has student ever attended school in our district? Yes No If yes, when?

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? _____

SIGNATURE OF PARENT/GUARDIAN – I certify that I am the legal parent or guardian for this student and the information that I provided is true and accurate. X _____ Date: _____

SCHOOL USE	Entry Code	Start Date	ID#	SAIS #
<input type="checkbox"/> TES <input type="checkbox"/> RF <input type="checkbox"/> TVHS	Homeroom:	Bus Route:	Date in System	Entered by:

SADDLE MOUNTAIN UNIFIED SCHOOL DISTRICT – HEALTH INFORMATION UPDATE

This form is critical for your student’s health and safety. In the event that your child is ill or if there is an emergency, it is **mandatory** that we have **all** of the information below.

Student Name _____ DOB _____ Grade _____

Is student taking any current medication? YES NO

If yes, will medication be taken during school? YES NO

*****Please take original bottle to the Health Office with instructions on dispensing medication*****

Name of medication and reason for taking it _____

Dose _____ Frequency _____

Known allergies _____

THE SCHOOL IS PROHIBITED BY LAW FROM DISPENSING MEDICATIONS OF ANY KIND INCLUDING ASPIRIN AT SCHOOL WITHOUT WRITTEN ORDER FROM A PHYSICIAN OR PARENT. Refer to “medication” in the student handbook for more information.

Does your child have a chronic illness? YES NO Specify: _____

Does your child wear glasses? YES NO

Does your child wear a hearing device? YES NO

Exempt from PE? YES NO

Exemption reason (must provide medical documentation): _____

Please **CHECK** all medications you will allow to be administered to your child as needed:

_____ Chewable Antacid (Tums)

_____ Benadryl (Allergies)

_____ Teething Gel (Orajel for braces)

_____ Cough Drops (Halls)

_____ Acetaminophen (Tylenol)

_____ Ibuprofen

_____ Anti-Itch Cream (Hydrocortisone Cream)

Parent/Guardian Consent: As the parent/guardian of the above named child, I grant permission for the School/District to provide emergency treatment and/or transportation to the nearest emergency medical facility and render emergency services in the case of an emergency.

Parent/Guardian Signature

Parent/Guardian Name

Date



Saddle Mountain Unified School District #90

38201 W. Indian School Road

Tonopah, AZ 85354

623-474-5100 Phone

Dear Parents/Guardians:

In the event of an emergency at the Palo Verde Nuclear Generating Station, Saddle Mountain Unified School District will implement a plan to protect student's health. In order to be proactive, the school will have potassium iodide (KI) pills, which will be dispersed should there be a radiation accident at the plant. However, we need your permission to administer the potassium iodide. Please fill out the form below.

We shall continue to take additional steps as provided in our emergency plan to protect our students. One of these additional steps includes evacuation and relocation to a Reception and Care Center, as determined by Maricopa County Emergency Management officials.

Potassium iodide (KI), if taken within the appropriate time period and at the appropriate dosage, will block the thyroid glands uptake of radioactive iodine and reduces the risk of thyroid cancer. Since scientific studies have demonstrated that young children have the highest risk of health effects, we will have the pills at the school to be administered to your child, if directed to by the local emergency management officials.

The attached sheet will give you additional facts about Potassium Iodide in schools.

Respectfully,

Dr. Paul Tighe
Superintendent

Should a radiation emergency requiring administration of KI occur, all students, including your child will receive one dose of KI unless you sign the OPT-OUT line below indicating that you do not want your child to receive KI. This form must be reauthorized at the beginning of each school year.

PLEASE FILL OUT & RETURN THIS PAGE TO THE SCHOOL NURSE

I DO want my child, _____, to receive KI in a NPP emergency involving exposure to potentially harmful levels of radioactive iodine.

I DO NOT want my child, _____, to receive KI in a NPP emergency involving exposure to harmful levels of radioactive iodine.

Childs' Name

Teacher's Name

Print Parent/Guardian Name

Parent/Guardian Signature

Date



INFORMATION FOR PARENTS AND STUDENTS

IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING SITUATIONS:

Your school-age children may qualify for certain rights and protections under the federal McKinney-Vento Act.

- In a shelter
- In a motel or campground due to the lack of an alternative adequate accommodation
- In a car, park, abandoned building, or bus or train station
- Doubled up with other people due to loss of housing or economic hardship

Your eligible children have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in school and attend classes while the school gathers needed documents.
- Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is your preference and is feasible.
- * If the school district believes that the school you select is not in the best interest of your children, then the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.
- Receive transportation to and from the school of origin, if you request this.
- Receive educational services comparable to those provided to other students, according to your children's needs.

If you believe your children may be eligible, contact the high school's counselor to find out what services and support may be available.

Student Residency Questionnaire: McKinney-Vento Eligibility Determination

This questionnaire is intended to address the McKinney-Vento Education Improvement Act 42 U.S.C. 11435. The answers to this questionnaire will help determine the services the student may be eligible to receive. Eligibility must be reviewed and re-evaluated every school year.

Student Name: _____ School: Tartesso Ruth Fisher TVHS

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

Address: _____ City/State/Zip: _____ Phone: _____

Parent/Legal Guardian Signature: _____ Date: _____

Do any of the following situations apply to the student?

1. The student is living in a motel or hotel? Yes No
2. The student is living in a shelter (domestic violence, emergency, group home, awaiting foster care)? Yes No
3. The student is living in a car, park, campground or public place? Yes No
4. The student is 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. The student is living in the residence of another family? Yes No

If you answered Yes to question 5, please answer the following:

5(a) Is this living arrangement due to economic hardship, loss of housing and temporary? Yes No

5(b) Date living arrangement began _____.

5(c) Date living arrangement is expected to end _____.

6. The student is under the age of 18 and seeking enrollment without an accompanying parent, not in foster care?
Yes No

School Use Only

I certify that under the provisions of the McKinney-Vento Act, the above named student qualifies for the Child Nutrition Program.

Authorized Official Signature: _____ Date: _____



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)

This question is in compliance with Arizona Administrative Code, R7-2-306(B) (1), (2) (a-c).
Responses to these statements will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken at home?

2. What is the language most often spoken by the student?

3. What is the language that the student first acquired?

Students Name: _____ Student I.D.: _____

Date of Birth: _____ SAIS I.D.: _____

School: Tonopah Valley High School Tartesso Elementary School Ruth Fisher Elementary School

District or Charter: Saddle Mountain Unified School District No. 90

Parent/Guardian Signature: _____ Date: _____

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.

Records Request for Student (Cumulative) Record

Last School Attended: _____ School Phone: _____

Street Address/City/State/Zip: _____ School Fax: _____

This is a request for the release of all available school records concerning the following student(s):

Student(s) Name(s):	Date of Birth	Current Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include the following, if applicable:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Complete records of grades 2. Achievement and test scores 3. Current health data including immunizations 4. ELL information 5. 504 Information | <ol style="list-style-type: none"> 6. Psychological / Confidential information <ol style="list-style-type: none"> a. Psychological evaluations b. Current I.E.P. c. Disciplinary record d. All pertinent information regarding this (these) students. 7. Other: _____ |
|---|--|

Mail or Fax Records to :

<input type="checkbox"/> Tonopah Valley High School 38201 W. Indian School Rd. Tonopah, AZ 85354 Phone: (623) 474-5201 Fax: (623) 474-5214	<input type="checkbox"/> Tartesso Elementary School 29677 W. Indianola Ave. Buckeye, AZ 85396 Phone: (623) 474-5403 Fax: (623) 474-5441	<input type="checkbox"/> Ruth Fisher Elementary School 38201 W. Indian School Rd. Tonopah, AZ 85354 Phone: (623) 474-5500 Fax: (623) 474-5540
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I hereby grant permission for all academic, psychological, confidential and medical information relative to my child/children to be released to Saddle Mountain Unified School District No. 90

Parent/Guardian Signature

Date

School use only:

Date Sent: 1st request: _____ 2nd request: _____ 3rd request: _____ Date received: _____ By: _____