

MINGUS UNION HIGH SCHOOL

1801 East Fir Street • Cottonwood, AZ • 86325 • 928.634-7531

Home of the **Marauders**

Enrollment Information

Welcome to Mingus!

We are excited to have your student as a Marauder, and we are committed to providing them with a safe and effective learning environment. Keeping accurate records is integral to this, so we will need to collect some information about your student and household. This may include: documents that establish identity and age; show where you physically live; show up-to-date immunization status; previous school transcripts, withdrawals, or current grades; attendance and disciplinary records; and individualized education plans. Based on your student's unique situation, more or less may be needed.

*Certain documents are required by the Arizona and US Departments of Education and must be provided prior to enrollment, though there are exceptions in certain circumstances. **We do not require proof of citizenship or immigration status when determining enrollment eligibility.***

Please be prepared with the following required items:



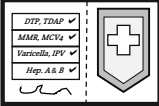
Birth Certificate

Government issued original, OR
or certified copy

One of the following:
Original School Records
Baptismal Record
Social Security Application

AND

Signed affidavit which explains your inability to produce certified records



Immunization Record


Complete and up to date showing all vaccinations, dates, and name of provider

OR

Proof that immunizations are actively being administered, with at least one dose of each of the required vaccinations already having been received by the student

OR

A medical exemption signed by a physician, or a personal exemption with administrative waiver and statement acknowledging risk.



Arizona Residency

Completed and signed AZ Dept. of Education Residency Documentation Form

OR

Completed and notarized AZ Dept. of Education Affidavit of Shared Residency

AND

One approved supporting document that shows the name of person with whom the student resides, and also shows the physical address of the residence, like a State ID, a lease, or a utility bill.

Please submit the above items **with a completed Mingus Union High School registration packet** to schedule your intake appointment with one of our school counselors.

It is our goal, and we will make every effort, to enroll any student who wishes to attend Mingus. However, all enrollments are subject to administrative and academic review for approval. Current grades for mid-semester transfers will be required and must meet our curriculum standards to receive credit.

Please contact the registrar's office at **(928) 649-4403** if you have any questions about enrollment requirements.

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2019-
2020Student
RegistrationMINGUS UNION HIGH SCHOOL ☐ MINGUS UNION ONLINE ACADEMY ☐

THIS SPACE FOR OFFICE USE ONLY

SAIS Entry Date Entry Code
Grade ☐ 9 ☐ 10 ☐ 11 ☐ 12 SM Entry Date SM Entry By 

Student Information

MUHS Student ID: PLEASE ENTER STUDENT INFORMATION **EXACTLY** AS IT APPEARS ON THEIR **BIRTH CERTIFICATE**Last Name First Name Middle Name Date of Birth / / Gender ☐ M ☐ F City & State of Birth Student Goes By A Different Name ☐Last Name Goes By First Name Goes By Nickname(s) PLEASE ENTER THE ADDRESS FOR THE STUDENT'S **PRIMARY PHYSICAL RESIDENCE** – **PROOF OF THIS RESIDENCY WILL BE REQUIRED**Street Address City, State, Zip PLEASE ENTER THE **PRIMARY MAILING ADDRESS** TO BE USED FOR STUDENT RELATED MAILINGS (**REPORT CARDS, ETC.**) - **IF DIFFERENT FROM PHYSICAL**Mailing or PO Box City, State, Zip 

Parent & Guardian Information

PLEASE ENTER PARENT/GUARDIAN INFORMATION FOR THE PERSON WITH WHOM THE **STUDENT PRIMARILY RESIDES**Last Name First Name M.I. Gender ☐ M ☐ FRelationship to Student Mailing Address If Different City, State, Zip **THE PRIMARY PHONE NUMBER & EMAIL ADDRESS WILL BE USED TO CONTACT YOU WITH ATTENDANCE ALERTS, SCHOOL MESSAGES, AND IN EMERGENCIES**Primary Contact Phone Number Alternate Contact Phone Number E-mail Address Work Phone Employer Occupation PLEASE ENTER INFORMATION FOR A **SECOND PARENT/GUARDIAN** – IN THE **SAME OR A SEPARATE RESIDENCE**Last Name First Name M.I. Gender ☐ M ☐ FRelationship to Student Physical Address If Different City, State, Zip Should student related mail **ALSO** be sent to this person? ☐ N ☐ Y Mailing Address If Different City, State, Zip **THE SECONDARY CONTACT PHONE NUMBER WILL BE USED WHEN THE PRIMARY CAN NOT BE REACHED, OR WHEN COMMUNICATING WITH PARENTS IN SEPARATE HOUSEHOLDS**Secondary Contact Phone Number Alternate Contact Phone Number E-mail Address Work Phone Employer Occupation 

Approved Pick-Up, Emergency, and Medical Contacts

PLEASE LIST ANY PERSONS WHO YOU APPROVE TO **CHECK YOUR STUDENT OUT OF SCHOOL**, AND TO CONTACT IN AN **EMERGENCY** IF YOU CAN'T BE REACHEDLast Name First Name Contact Number Relationship to Student Last Name First Name Contact Number Relationship to Student Last Name First Name Contact Number Relationship to Student PLEASE LIST THE PROVIDER OR CLINIC THAT PROVIDES **PRIMARY CARE** FOR THE STUDENTClinic Name Provider Name Office Number City & State



School & Education History

PLEASE ENTER INFORMATION FOR CURRENT AND PREVIOUS SCHOOLS

Has the Student
EVER Enrolled at MUHS?

(N)

(Y)

If 'Yes', Dates of Enrollment

to

Name of Completed
Middle School

Name of Most Recent
Or Current School

City & State

Last Date
of Attendance

Has the Student Ever Been
Suspended More Than 10 Days?

(N)

(Y)

If 'Yes', Please Describe

Has the Student Ever Attended
School at A Corrections Facility?

(N)

(Y)

If 'Yes', Dates & Facility

PLEASE ENTER INFORMATION FOR ANY SPECIAL NEEDS OR SPECIAL ACCOMODATIONS THAT HAVE BEEN PROVIDED TO THE STUDENT

Has the Student Ever Had an
Individualized Education Plan?

(N)

(Y)

If 'Yes', Date of Last IEP

Has the Student Ever Had a
504 Accommodation Plan?

(N)

(Y)

Has the Student Ever Been Placed In
an English Language Learning Program?

(N)

(Y)

PLEASE ENTER INFORMATION ABOUT ANY FAMILY MEMBERS THAT ARE ALSO CURRENTLY ENROLLED AT MINGUS UNION HIGH SCHOOL

Does the Student Have Any
Siblings Attending Mingus?

(N)

(Y)

If 'Yes', Name(s) & Grade(s)



State & Federal Survey

What Is the Primary Language
Spoken In the Student's Home?

What Is the Language Most
Often Spoken By the Student?

What is the Language First Acquired by the Student?

Has the Student Lived in the United States
for Two or More Years?

(Y)

(N)

What Is the Student's Ethnicity?

White, Non-Hispanic

Black or African American

Asian or Pacific Islander

Hispanic or Latin American

American Indian

Name of Tribe:

Please Indicate Which (If Any) of the Following Apply to the Student:

The Student Qualified for Free or Reduced Lunch in Elementary and/or Middle School

The Student Has Siblings Qualified for or Receiving Free or Reduced Lunch in Elementary or Middle School

The Student or an Immediate Family Member Is Now or Has Previously Received Public Assistance

Please Indicate If Any of the Following Apply to the Student's Current Living Arrangements:

The Student is Living with a Friend, or With a Relative Who Is Not a Parent or Guardian

The Student is Living In a Shelter Or Awaiting Foster Placement

The Student is Living In a Train or Bus Station, or In a Vehicle

The Student is Living In An Abandoned Or Condemned Building

Completion & Signature

THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

SIGNATURE

DATE

TO COMPLETE ENROLLMENT FOR A
FIRST-TIME STUDENT, THIS FORM
MUST BE ACCOMPANIED BY:

Birth Certificate

Immunization Record

Proof of Residency

MINGUS UNION HIGH SCHOOL DISTRICT #4

Emergency Medical Referral Card

Student Name: _____ DOB: _____ Grade: _____

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:

☐ acetaminophen (generic Tylenol) ☐ antacids (generic Tums) ☐ cough drops
☐ diphenhydramine (generic Benadryl) ☐ ibuprofen (generic Advil) ☐ loratadine (generic Claritin)
☐ bismuth subsalicylate (generic Pepto-Bismol) ☐ multi-symptom cold tablets

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 Mingus Union High School District school staff on a need to know basis.

MINGUS UNION HIGH SCHOOL DISTRICT #4

Tarjeta de remisión para emergencias médicas

Nombre del estudiante: _____ Fecha de Nacimiento: _____ Grado: _____

Historial Médico (Marque todas las opciones que correspondan)

☐ Asma ☐ Incapacidad física ☐ Convulsiones/ataques ☐ Hepatitis ☐ Afección cardíaca
☐ Fiebre del Valle ☐ T.B. o contacto ☐ Pérdida de la audición ☐ Usa anteojos ☐ Epi-Pen ☐ Diabetes
☐ Varicela/chickenpox Date: _____ ☐ Alergias: tipo _____

Lesiones: _____ Fecha: _____

Fracturas: _____ Fecha: _____

Historial quirúrgico del estudiante (escriba las fechas que recuerde): _____

Fechas: _____

¿Está el alumno(a) tomando medicamentos? ☐ Sí ☐ No

Si es así, ¿para qué enfermedad? _____

¿Qué medicamentos? _____

Otro(a): _____

Doy mi permiso para que mi hijo(a) reciba lo siguiente:

☐ Acetaminophen (Tylenol genérico) ☐ Antiácido (Tums genérico) ☐ pastillas para la tos
☐ pastillas del resfriado de multisíntoma ☐ diphenhydramine (Benadryl genérico) ☐ ibuprofeno (Advil genérico)
☐ loratadine (generico Claritin) ☐ bismuth subsalicylate (generico Pepto-Bismol)

Por este medio, el suscrito(a), padre, madre o tutor legal del estudiante, otorga su consentimiento para que el niño(a) mencionado en la parte superior sea entregado al pariente o amigo designado para que sea llevado al hospital en caso de emergencia.

Firma del padre, madre o tutor legal: _____ Fecha: _____.

La información en este formulario puede ser dada a conocer al personal de la escuela cuando la situación lo requiera.



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

Student _____ School Mingus Union High School

School District or Charter Holder Mingus Union High School District #4

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
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank of credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)

_____ 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

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



Departamento de Educaciòn de Arizona Formulario de Documentaciòn de Residencia en Arizona

Estudiantnte _____ Escuela Mingus Union High School

Distrito Escolar o Escuela Chàrter Mingus Union High School District #4

Padre/Tutor Legal _____

Como el padre del estudiante or representate legal, doy fe de que soy residente del estado de Arizona y present como prueba de esta declaraciòn copia del siguiente document que muestra mi nombre y la direcciòn residencial o la descripciòn fisica de la propiedad donde reside el estudiante:

- _____ Licencia de conducir valida del Estado de Arizona, tarjeta de identificaciòn de Arizona o registro de vehìculo
- _____ Escritura inmobiliaria o documentos de hipoteca
- _____ Recibo de pago de impuestos sobre la propiedad
- _____ Contrato de renta de casa/residencia
- _____ Factura de cuenta sobre el uso de agua, electricidad, gas, Cable de TV, o telèfono
- _____ Factura de tarjeta de crèdito o de banco
- _____ Copia de la forma W-2 sobre declaraciòn de ingresos
- _____ Talòn del cheque de paga
- _____ Certificado de inscripciòn u otra identificaciòn emitida por una tribu indigena reconocida que contenga una direcciòn de Arizona
- _____ Documentaciòn de una agencia estatal, gobierno federal (Administraciòn de Seguro Social, Administraciòn de Veteranos, Departamento de Seguridad Econòmica de Arizona) o agencia gubernamental de alguna tribu native Norte Americana
- _____ Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveido una declaraciòn original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta delaraciòn.

Firma del padre/tutor legal

Fecha



**State of Arizona
Affidavit of Shared Residence**

Student Name _____

Parent/Legal Guardian _____

School Name Mingus Union High School

School District or Charter Holder Mingus Union High School District #4

Name of Arizona Resident _____

I, (resident name) _____ 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
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank of credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ 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 _____.

My Commission Expires: _____

Notary Public



Estado de Arizona
Declaración Jurada de Residencia Compartida

Nombre del Estudiante _____

Escuela Mingus Union High School

Distrito Escolar o Escuela Charter Mingus Union High School District #4

Juro o afirmo soy un residente del Estado de Arizona y que las siguientes personas viven conmigo en mi residencia, se describe de la siguiente manera:

Las personas que viven conmigo: _____

Ubicación de mi residencia: _____

Yo presento en apoyo de esta declaración una copia del siguiente documento que muestra mi nombre y dirección de residencia actual o descripción física de mi propiedad.

- _____ Licencia de conducir válida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
- _____ Escritura inmobiliaria o documentos de hipoteca
- _____ Recibo de pago de impuestos sobre la propiedad
- _____ Contrato de renta de casa/residencia
- _____ Factura de cuenta sobre el uso de agua, electricidad, gas, Cable de TV, o teléfono
- _____ Factura de tarjeta de crédito o de banco
- _____ Copia de la forma W-2 sobre declaración de ingresos
- _____ Talón del cheque de pago
- _____ Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contenga una dirección de Arizona
- _____ Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana

Nombre impreso del declarante: _____

Firma del declarante: _____

Acknowledgement

Estado de Arizona

Condado de _____

Lo anterior fue reconocido ante mí esta ____ día de _____, 20____.

Notario Publico

Mi comisión se vence: _____



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 Mingus Union High School District #4

School Mingus Union High 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 Mingus Union High School District #4

Escuela Mingus Union High 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.

**MINGUS UNION HIGH SCHOOL
1801 EAST FIR STREET
COTTONWOOD, AZ 86326**

RECORDS RELEASE FORM

Previous School Name

Date: _____

City State Zip

Phone: _____

Fax: _____

ATTENTION: School Records

I request that you release the following information on:

Last Name First Name MI Birth Date Grade Level

Please Fax to 928-634-0546 or Email to dbelzer@muhs.com:

_____ Withdrawal Form (including transfer grades/%)	_____ Attendance Records
_____ Unofficial Transcript (please fax immediately)	_____ ELL Records, if applicable
_____ Birth Certificate	_____ Discipline Records
_____ Health Records/Immunization Records	_____ Enrollment History
_____ Test Scores (AIMS/ Stanford 9/Proficiency)	_____ Other _____

Please Mail to Registrar at above address:

_____ Official Transcript – Signed w/School Seal

**Please Fax to 928-639-4236 or
Email to csealey@muhs.com:**

_____ Current IEP, Psych-Ed Eval, MET,
Eligibility, if applicable

Registrar/School Official

Signature of Parent/Guardian (or student if over 18) required for Sp Ed records

In accordance with Federal Family Rights and Privacy Act of 1974 (25 CFR 36.14b),
officials of other schools or school systems at which a student seeks or intends to enroll
may request for students records without the permission of parents and/or student.

Date sent: _____

Date received: _____