

# Bowie Unified School District #14

Jeff St. Clair, Superintendent

P.O. Box 157, 315 W. 5<sup>th</sup> Street Bowie, AZ 85605

(520) 847-2545 Fax (520) 847-2546

Bowie Elementary School District Gymnasium Bowie High School  
Mary G Doyle Building Bruce E. Brown Gym Sen. A. R. Spikes Building  
*Home of the Panthers & Cougars*

## ENROLLMENT FORM

Date: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_

Male  Female Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Race/Ethnicity:  White  Hispanic  Black  Indian  Asian  Other

Primary Language:

Yes  No The language most often spoken in the Student's home is other than English, regardless of the language spoken by the student.

Yes  No The language most often spoken by the student is other than English.

Yes  No The student's first acquired language is other than English.

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Parents/Guardians Employer: \_\_\_\_\_

School Student Last Attended: \_\_\_\_\_

Address of Last School: \_\_\_\_\_

Yes  No Has the student been to an Arizona School before?

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### FOR OFFICIAL USE ONLY

Student Enrollment Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Entered into SMS: \_\_\_\_\_ Initials: \_\_\_\_\_

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### Governing Board

Mike Myers, President Nancy-Jean Welker, Vice President  
Jared Allred, Member Kim Klump, Member Barth Morin, Member

[www.bowieschools.org](http://www.bowieschools.org)

Please indicate if the child has Special Education needs:

- |                               |                              |                                     |
|-------------------------------|------------------------------|-------------------------------------|
| <input type="checkbox"/> ]YES | <input type="checkbox"/> ]NO | LEARNING DISABILITY (LD)            |
| <input type="checkbox"/> ]YES | <input type="checkbox"/> ]NO | EMOTIONAL BEHAVIOR DISABILITY (EBD) |
| <input type="checkbox"/> ]YES | <input type="checkbox"/> ]NO | COGNITIVE DISABILITY (CD)           |
| <input type="checkbox"/> ]YES | <input type="checkbox"/> ]NO | SIGNIFICANT DEVELOPMENT DELAY       |
| <input type="checkbox"/> ]YES | <input type="checkbox"/> ]NO | AUTISM                              |
| <input type="checkbox"/> ]YES | <input type="checkbox"/> ]NO | OTHER HEALTH IMPAIRMENT             |
| <input type="checkbox"/> ]YES | <input type="checkbox"/> ]NO | HEARING HANDICAP                    |
| <input type="checkbox"/> ]YES | <input type="checkbox"/> ]NO | SPEECH/LANGUAGE HANDICAP            |
| <input type="checkbox"/> ]YES | <input type="checkbox"/> ]NO | VISION HANDICAP                     |
| <input type="checkbox"/> ]YES | <input type="checkbox"/> ]NO | PHYSICAL HANDICAP                   |

DOES STUDENT HAVE:

- ] ADD/ADHD
- ] DEPRESSION
- ] EPILEPSY
- ] ALLERGY
- ] ASTHMA
- ] DIABETES
- ] LIFE THREATENING

CONDITION \_\_\_\_\_

] OTHER: \_\_\_\_\_

IS STUDENT UNDER MEDICAL SUPERVISION AND/OR ON MEDICATION:

]YES     ]NO

IF YES,

DESCRIBE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**ARIZONA STATE ARS R7-2-401**

**REQUIREMENTS FOR PRE-SCHOOLERS THROUGH 21 YEARS OF AGE**

- Does your child socialize well with other people & children? [  ]Yes [  ]No
- Does your child seem extremely shy or withdrawn? [  ]Yes [  ]No
- Does your child remember things well? [  ]Yes [  ]No
- Does he/she forget frequently and has to be told things over and over? [  ]Yes [  ]No
- Does your child see well? [  ]Yes [  ]No
- Does he/she have to get very close to see? [  ]Yes [  ]No
- Does your child hear well? [  ]Yes [  ]No
- Do you have to repeat or face your child in order for him/her to respond? [  ]Yes [  ]No
- Does your child speak well, use complete sentences, and enunciate clearly? [  ]Yes [  ]No
- Does he/she use "baby talk", use only single words and phrases, or have a speech impediment? [  ]Yes [  ]No
- Are there any physical handicaps or problems? [  ]Yes [  ]No



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 \_\_\_\_\_

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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.

**HEALTH OFFICE**

**STUDENT NAME:** \_\_\_\_\_

Dear Parent/Guardian,

When your child is referred to the health office for injury illness, non-medicinal techniques such as cool packs, warm packs, rest, etc. are attempted before giving medications. In the event that these techniques do not work, medications are available with your written permission. Please review the following medications.

**PLEASE INITIAL ONLY THE MEDICATIONS YOU WANT YOUR CHILD TO TAKE.**

- |   |   |
|---|---|
| <input type="checkbox"/> Tylenol            | <input type="checkbox"/> Children's Tylenol |
| <input type="checkbox"/> Cough Drops        | <input type="checkbox"/> Motrin/Ibuprofen   |
| <input type="checkbox"/> Pepto Bismol       | <input type="checkbox"/> Eye Drops          |
| <input type="checkbox"/> Neosporin          | <input type="checkbox"/> Hydrogen Peroxide  |
| <input type="checkbox"/> First Aid Spray    | <input type="checkbox"/> Rubbing Alcohol    |
| <input type="checkbox"/> Roloids/Tums       | <input type="checkbox"/> Adult Allergy      |
| <input type="checkbox"/> Children's Allergy |   |

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SIGNATURE OF PARENT/GUARDIAN

DATE

STUDENT NAME \_\_\_\_\_

**RE: Emergency medical treatment**

for: \_\_\_\_\_

Name of Student

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, custodial parent or legal guardian of  
\_\_\_\_\_, whose date of birth is \_\_\_\_\_

hereby give permission to any emergency medical technician, nurse, ophthalmologist, physician or physician's assistant, to treat my child for any illness, trauma, accident or medical emergency he/she may experience while attending school at \_\_\_\_\_ or while traveling with her/his class on field trips or to attend sporting events during \_\_\_\_\_ school year. I also authorize the principal, instructor, coach or sponsor to make medical decisions regarding my child's medical condition and decisions which have been made as soon as is reasonably possible, but that treatment will not be delayed for that reason. I agree that I will be financially responsible for the emergency medical treatment incurred.

My child:

Is not allergic to any medications and has no other allergies.

Has the following allergies: \_\_\_\_\_  
\_\_\_\_\_

Is taking the following medication \_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian

Date

Mailing Address

Town

State

Zip

Telephone numbers at which I may be reached at:

Home \_\_\_\_\_

Work \_\_\_\_\_

In the alternative, you may reach \_\_\_\_\_, at the following telephone numbers: Home \_\_\_\_\_

Work \_\_\_\_\_

### HEALTH INFORMATION SHEET

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdates: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone : \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Local Person to notify in an emergency:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of Local doctor \_\_\_\_\_ Phone number: \_\_\_\_\_

Has your child had any of the following? (Date or child's age at onset)?

Anemia		Growth Problems		Pneumonia	
Asthma		Hernia		Pregnancy	
Broken Bones		Heart Disease		Rheumatic Fever	
Chickenpox		Hepatitis		Scarlet Fever	
Convulsions		Influenza		Tonsillitis	
Diabetes		Meningitis		Tuberculosis	
Eczema		Mental Heal		Valley Fever	
Epilepsy		Mononucleosis		Operations	
Other					

Is your child going to a hospital, clinic or doctor now? [ ]YES [ ]NO

Reason \_\_\_\_\_

Where \_\_\_\_\_

Is your child allergic to anything such as foods, plants, insects, or medicine? [ ]YES [ ]NO

What \_\_\_\_\_

Is reaction severe enough to require immediate medical attention or medication? [ ]YES [ ]NO

Is your child able to participate in Physical Education? [ ]YES [ ]NO

**Does your child have any of the following?**

Frequent colds		Unusual mood problem	
Frequent sore throat		Over/under weight problems	
Ear infections		Speech problems	
Frequent ear aches		Hearing problems	
Frequent tooth aches		Vision problems	
Frequent pain in legs		Wears glasses, contacts	
Frequent stomach aches			

Please list any additional information that would help the nurse in providing good health care to your child. \_\_\_\_\_

Patent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Bowie Unified School District #14  
ELECTRONIC INFORMATION SERVICES USER AGREEMENT

Please read this document carefully. When signed it becomes a binding agreement.

**Terms and Conditions**

**Acceptable use-** I will use the service to support personal educational objectives within the educational goals and objectives of the School District. Inappropriate use may result in cancellation of use of information service and/or appropriate disciplinary action. I will not submit, publish, display, or retrieve materials forbidden by statutes, laws, or District policies and regulations.

**Personal responsibility-** I will report any misuse of the information service to a parent, teacher, or the system administrator, as appropriate.

I understand that many services and products are available for a fee and acknowledge the responsibility for any expenses incurred without District authorization.

**Network etiquette-** I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- Be polite and use appropriate language. I will not send, or encourage other to send, abusive messages
- Respect privacy. I will not reveal any home addresses or personal phone numbers.
- Avoid disruptions. I will not use network in any way that would disrupt use of the systems by others.

**Services-** The School District specifically denies and responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information service (EIS) is used and bears the risk of reliance on the reliance on the information obtained.

**Student or District employee- Read and Sign Below**

I have read and agree to abide by the School District policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference. I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

\_\_\_\_\_  
User's Name (print)

\_\_\_\_\_  
User's Signature

School \_\_\_\_\_ Grade (if a student) \_\_\_\_\_

A student must also have the signature of a parent or guardian who has read and will uphold this agreement.

**Parent or Guardian Cosigner – Read and Sign Below**

As the parent or guardian of this student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for the materials acquired by use of the information services. I also agree to report any misuse of the information services to a School District administrator. (Misuse may come in many forms but can be viewed any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate languages, or other issues described in the agreement.

I accept full responsibility for supervision if, and when, my child's use of the information services is not a school setting. I hereby give my permission to have my child use

Parent/Guardian's Name (print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_



JR-EB ©

EXHIBIT

### STUDENT RECORDS

#### DESIGNATION OF DIRECTORY INFORMATION

During the school year, District staff members may compile nonconfidential student directory information specified below.

According to state and federal law the below-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. If the Governing Board permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the District is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. *If you do not object to the release of any and all of the below-designated information in writing, then the District must provide military recruiters, upon request, directory information containing the student's names, addresses and telephone listings.*

If you *do not want any or all of the* below-designated information about your son/daughter to be released to any person or organization without your prior signed and dated written consent, you must notify the District in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the Superintendent, within two (2) weeks of receiving this form. If the School District does not receive this notification from you within the prescribed time, *it will be assumed that your permission is given to release your son's/daughter's* designated directory information.

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TO: Superintendent

I *do not want any or all* the information I have p below concerning (student's name) \_\_\_\_\_ designated as directory information and released to any person or organization without my prior written consent:

- Name
- Telephone listing
- Date and place of birth
- Address
- Electronic mail address
- Photograph

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## REQUEST FOR STUDENT EDUCATION RECORDS

Student Name: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DOB Grade

Request From: \_\_\_\_\_

School or Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax Phone

### Records Requested:

- SAIS Number
- Attendance Records
- Birth Certificate
- Transcripts and/or Grades
- Withdrawal Form/Grades
- Promotion/Retention Records
- Health/Immunization Records
- Screening Results
- Testing Records/AIMS Scores
- Suspensions/Expulsion
- 504 Plan

### SPECIAL EDUCATION RECORDS

- IEP
- MET
- Psychological Records
- Other Records (if available)

\_\_\_\_\_  
Registrar, Bowie USD #14

I, \_\_\_\_\_ authorize release of records listed above to the party  
(Parent/Guardian Name)

Named above. I am aware of my rights (FERPA) to review the records and receive a copy at my expense, if I so request.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)



**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 Maricopa

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

By \_\_\_\_\_

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

My Commission Expires:

\_\_\_\_\_