

**Tombstone Unified School District #1 (520) 457-2217**

{ }Huachuca City School

{ } Tombstone High School

{ } Walter J. Meyer School

<b>Student Last Name:</b>		<b>**Falsification of this section may result in termination of enrollment**</b> <b>***Has Student Received Any Of The Following Services? Must check Yes or No</b> <input type="checkbox"/> Yes <input type="checkbox"/> No- <b>Special Education</b> <input type="checkbox"/> Yes <input type="checkbox"/> No- <b>Speech</b> <input type="checkbox"/> Yes <input type="checkbox"/> No- <b>Section 504 Accomodation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No- <b>ELL</b> <input type="checkbox"/> Yes <input type="checkbox"/> No- <b>Gifted &amp; Talented</b>
<b>Student First Name:</b>		
<b>Middle Name:</b>		
<b>P.O. Box:</b>		
<b>Street Address:</b>		
<b>City:</b>		<b>Grade: [ ] [ ]</b>
<b>State:</b>		<b>Birth Date:</b>
<b>Zip Code:</b>		<b>State of Birth:</b>
<b>Primary #/Consent for Connect 5</b>	#	<b>Gender: F [ ] M [ ]</b>
<b>Is either parent Active Duty Military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Is either parent employed by the Federal Government?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ethnic/Racial</b> This is for research only and enable the school district to comply with state & federal requirements.  <b>Hispanic/Latino</b> Yes [ ] No [ ]  <input type="checkbox"/> <b>White</b> <input type="checkbox"/> <b>Black/African American</b> <input type="checkbox"/> <b>American Indian/Alaskan Native</b> <input type="checkbox"/> <b>Native Hawaiian/Pacific Islander</b> <input type="checkbox"/> <b>Asian</b>	<b>PRIMARY LANGUAGE</b>  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? _____
<b>Contact #1</b>		<b>Student resides with [ ] Yes [ ] No</b>
<b>Relationship</b>		<b>Home #</b> <b>Cell#</b>
<b>Address:</b>		<b>Work #</b> <b>Other#</b>
<b>City:</b>		<b>State:</b> <b>Zip:</b>
<b>E-Mail Address:</b>		
<b>Contact #2</b>		<b>Student resides with [ ] Yes [ ] No</b>
<b>Relationship</b>		<b>Home #</b> <b>Cell#</b>
<b>Address:</b>		<b>Work #</b> <b>Other#</b>
<b>City:</b>		<b>State:</b> <b>Zip:</b>
<b>E-Mail Address:</b>		
<b>Emergency Contact</b>		<b>Home #</b> <b>Cell#</b>
<b>Relationship to Child</b>		<b>Work #</b> <b>Other#</b>
<b>Is there a legally restricted custody decision for student?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, please provide documentation and complete McKinney Vento paperwork.</b>	<b>What Schools has student attended?</b> _____  <b>Is the student under Expulsion, Suspension or In the process of a Long Term Suspension before withdrawal?</b> _____ <b>** Falsification of this section may result in termination of enrollment.</b>	<b>Enrollment Code:</b>
		<b>Enrollment Date:</b>
		<b>Date of Data Input:</b>
		<b>AZ SAIS ID :</b>
		<b>Student ID:</b>

# TOMBSTONE UNIFIED SCHOOL DISTRICT #1

Walter J. Meyer Elementary  
 411 North 9<sup>th</sup> Street  
 Tombstone, AZ 85638  
 520/457-3371 - phone  
 520/457-3685 – fax

Huachuca City School  
 100 School Drive  
 Huachuca City, AZ 85616  
 520/456-9842 - phone  
 520/456-9811 – fax

Tombstone High School  
 1211 N Yellowjacket Way  
 Tombstone, AZ 85638  
 520/457-2215 - phone  
 520/457-3643 – fax

<b>Student Name</b>			
<b>Emergency Contacts</b>	Please identify other contact information for the student		
<b>Emergency Contacts</b>		LIVES WITH CHILD	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
Last Name		Home #	(    ) -
First Name		Cell #'s	(    ) -
Relationship			
<b>Emergency Contacts</b>			
Last Name		LIVES WITH CHILD	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
First Name		Home #	(    ) -
Relationship		Cell #'s	(    ) -
<b>Emergency Contacts</b>			
Last Name		LIVES WITH CHILD	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
First Name		Home #	(    ) -
Relationship		Cell #'s	(    ) -
<b>Emergency Contacts</b>			
Last Name		LIVES WITH CHILD	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
First Name		Home #	(    ) -
Relationship		Cell #'s	(    ) -
<b>SIBLINGS</b>	Please list all siblings attending school in this district		
First & Last Name		<b>Grade</b>	<b>School Name</b>

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. ANY FALSIFICATION OF THIS DOCUMENT MAY RESULT IN REFUSAL OF ADMITION.**

Date \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_



## 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?

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2. What language does the student speak *most* of the time?

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3. What language did the student first speak or understand?

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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)

# Tombstone Unified School District #1

## Student Residency Questionnaire

Name of Student: \_\_\_\_\_  
First MI Last

School:                Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
THS HCS WJM

**\*Please fill out all four questions\***

*\*The answers to the following questions can help determine the services the student may be eligible to receive under the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act.*

1. Is this student's home address a temporary living arrangement?  Yes  No
2. Is this a temporary living arrangement due to a loss of housing or economic hardship?  Yes  No
3. Is this student in a temporary foster care placement or awaiting foster care?  Yes  No
4. Is the student living with someone other than the parent or legal guardian?  Yes  No

*If you answered YES to **any** of the above questions, please complete the remainder of this form. If you answered NO to all of the above questions, you may stop here.*

**Where is the student currently living?**

- In a Motel / Hotel  Group Home
- In a Shelter  Foster / Transitional housing
- Doubled Up (With more than one family in a house or apt.)
- Moving from place to place
- In a location not designed for sleeping accommodations such as a car, park or campsite

Address of current residence: \_\_\_\_\_

(or)

Name of Motel/Shelter of current residence: \_\_\_\_\_

(or)

Name of "General Area" of current residence: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Name of Contact: \_\_\_\_\_

Print name of parent(s)/legal guardianship(s): \_\_\_\_\_

*(Or unaccompanied youth)*

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(Or unaccompanied youth)*

**\*Confidential Information - For school staff only: Forward questionnaire to Special Projects Office.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date received

\_\_\_\_\_  
Homeless Liaison

Qualifies  Does not qualify  
(Updated Aug 2011)

**TOMBSTONE UNIFIED SCHOOL DISTRICT #1  
CAREGIVER'S AUTHORIZATION FORM**

This form is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act of 2001 (P.L. 107-110) requirement that homeless children are to have access to education and other services. The McKinney-Vento Act specifically states that barriers to enrollment must be removed. In some cases, a child or youth who is homeless may not be able to reside with his/her parent or guardian.

**INSTRUCTIONS:**

- To authorize enrollment in school of a minor, complete Section 1 and sign the form.
- To authorize enrollment **and** school-related medical care, complete Section 1, check the appropriate box(es) in Section 2 and sign the form.

**Section 1**

**The minor named below lives in my home, and I am 18 years of age or older.**

Name of Minor: \_\_\_\_\_

Minor's Birthdate: \_\_\_\_\_

Caregiver Name (Printed) \_\_\_\_\_ Relationship: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Driver's License/ID card # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Section 2**

**Check one or both (for example, if one parent was advised and the other could not be located):**

\_\_\_\_\_ I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objections.

\_\_\_\_\_ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.

**I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**School Administrators: Verification of caregiver's birthday must be verified.** Please note method of verification (i.e. drivers license, ID card, etc.) below, initial and date below.

Form of ID: \_\_\_\_\_ Initials: \_\_\_\_\_ 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 Arizona Address Confidentiality Program authorization card
- \_\_\_\_\_ 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 (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.

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

## Use of Technology Resources In Instruction

2020 - 2021

Using technology resource is a privilege not a right. **No student shall submit, publish or upload/download inappropriate materials.** Student will report any such known activity to a teacher or administrator.

Do not allow another student to log in with your password, or use computer while you are logged in.

Any misuse of technology will result in technology privileges being suspended.

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By signing this I acknowledge that I am aware of the following:

- I have read and agree to the above use of technology resources for my student.
- The TUSD#1 handbook can be found at [www.tombstoneschools.org](http://www.tombstoneschools.org)
- All District policies can be found at [www.azbsa.org](http://www.azbsa.org)
- I consent to receive informational/emergency/general messages via Connect5 mass communication system. This can be call/text and/or email from the information provided on page 1 of the enrollment packet.

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Print Parent Name

---

Date

---

Sign Parent Name

**Tombstone Unified School District  
P.O. Box 1000 Tombstone, AZ 85638**

**2020-2021 PARENTAL CONSENT  
FOR SCHOOL ACTIVITIES AND EMERGENCY CARE**

STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

Tombstone High School  
[ ]

Huachuca City School  
[ ]

Walter J Meyer  
[ ]

I hereby give consent for my child to participate in school activities and/or activities sponsored by the school, including those requiring travel from school grounds.

**I understand that my child is required to have a physical before participating in any extracurricular sports activity.**

I hereby give consent for school authorities to seek emergency medical treatment for my child in the event he/she is stricken ill or injured while under the school's care, either at school or on a school sponsored trip. I also give consent to a licensed medical physician and/or hospital to render emergency care to my child as needed.

I agree to assume responsibility for any cost over and above that is not paid by any applicable insurance.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
The following Insurance Company covers the above named child:

INSURANCE CARRIER: \_\_\_\_\_

GROUP/POLICY NUMBER: \_\_\_\_\_

Note: All Claims must be submitted to the above Insurance Company. Portions of emergency care not covered by the above Insurance Company may be submitted to the school's Insurance Carrier on forms available from the school nurse. There is no guarantee that the school's carrier will meet any costs. It is solely the carrier's decision.



*2020-2021 Tombstone Unified School District  
Medication Treatment Consent Form*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

During the course of your child's education, your child may occasionally need medication or treatment for a minor illness or injury. These include sore throats, cuts, scrapes, headaches, upset stomach, blisters, bug bites, etc. For these conditions, the school nurse maintains a limited supply of the below listed over-the-counter items per protocol and annual updated Medical Director's standing orders.

(If a chronic illness will cause frequent absences, please contact the front office for additional forms)

*\*Please note that if your child has asthma, it is strongly recommended that he/she carry an inhaler at school (with a Physician's order) or leave one in the Nurse's office. Asthma attacks are usually unexpected!!* It is also advisable to have an asthma action plan in place.

Please list any medications, including over-the-counter, that your child is currently taking and the reason for taking them: \_\_\_\_\_

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**If your child needs to take any medications during the school day, it must be in the original prescription bottle, locked and dispensed by the nurse, and a signed permission form must be on file.**

The following over-the-counter medications are used in the Nurse's office to treat minor illness and injuries. Please cross off any items that you **DO NOT** want your child to be given or treated with.

- Tylenol (acetaminophen)
- Cough Drops (menthol)
- Throat Lozenges (Cepacol or menthol)
- Antacid( Gellusil, Tums, Calcium Carbonate)
- Antiseptic Wipes(containing benzocaine)
- Antibiotic Ointment (topical)
- Hydrogen Peroxide
- Sting Relief Medication
- Anti-Itch gel/cream/ointment
- Lip Balm (Carmex, Chapstick, or Blistex)
- Benedryl (allergic reaction)
- Ibuprofen
- Ibuprofen Cold and Sinus
- Tylenol Cold and Sinus
- Midol
- Anbesol (liquid or gel generic equivalent) for oral discomfort
- Hydrocortisone 1% cream ( irritated skin)

This form shall be valid for the student's entire progression through the Tombstone Unified Schools. It is the parent/guardian's responsibility to supply updated information to the health office should anything change. Please sign below to give the health office staff permission to provide first aid treatment to your child according to District policies.

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Parent/Guardian Signature

Date

***Tombstone Unified School District***  
***NURSE FORM***

(Please Print)

SAIS Number:

**STUDENT INFORMATION**

Student's Last Name		First:	Middle:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade:	
						Teacher:	
Chronic Illness?	If yes, what?	Treatment			Birth date:	Ethnic	New Student?
<input type="checkbox"/> Yes	<input type="checkbox"/> No				/ /		<input type="checkbox"/> Y <input type="checkbox"/> N
Home address:			Parent's day time phone#:		Home phone #:		
			( )		( )		
Mailing Address:		City:		State:		Zip Code	
Mother / Guardian Name:		Father / Guardian Name:			Primary Care Doctor:		
					( )		
Check if all Immunizations are complete				<input type="checkbox"/> TB	<input type="checkbox"/> 1 Menaetra (over 11)	<input type="checkbox"/> 1 Varicella	<input type="checkbox"/> 4 HIB
<input type="checkbox"/> 5 DTP / DTaP	<input type="checkbox"/> 4 Polio	<input type="checkbox"/> 3 Hepatitis B	<input type="checkbox"/> 2 MMR	<input type="checkbox"/> Chicken Pox	Year? _____		
Siblings attending Tombstone Schools?							

**MEDICAL INFORMATION**

(Please speak with the nurse about any special concerns or chronic conditions)

Food allergy?	Treatment?	Drug allergy?	Treatment?
Susceptible to Infections?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what?	
Fractures:	Sprains:	Surgeries:	Hospitalizations:
Is your child taking any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what?	
Medical History (please check)	<input type="checkbox"/> Seasonal Allergies	<input type="checkbox"/> Anemia	<input type="checkbox"/> Asthma
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Strep / EENT	<input type="checkbox"/> Lung Disorders	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Physical Handicap
	<input type="checkbox"/> Other		
Muscular/Skeletal Disorders	Heart Conditions	Chicken Pox? Date	Gastrointestinal Disorder
		/ /	
			Neurological Disorder
			Headaches
			<input type="checkbox"/> Y <input type="checkbox"/> N
Does your child have any devices?	<input type="checkbox"/> Glasses	<input type="checkbox"/> Contacts	<input type="checkbox"/> Teeth
	<input type="checkbox"/> Hearing	<input type="checkbox"/> Other	
Does your child have any dietary restrictions?	If yes, please list:	Activity Restrictions?	If yes, please list:
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emotional Disorders?	<input type="checkbox"/> ADHD	<input type="checkbox"/> ADD	<input type="checkbox"/> Autism
	<input type="checkbox"/> Depression	<input type="checkbox"/> Other (Please List)	

**IN CASE OF EMERGENCY**

Name of person to contact, other than parent, in the event of an emergency:	Relationship to student:	Phone #:	Work or Cell #:
		( )	( )
<b>In case of an emergency, and I am unable to be contacted, I understand that Tombstone Unified Schools will obtain emergency services as needed</b>			
Patient/Guardian signature		Date	

EXHIBIT

EXHIBIT

OPEN ENROLLMENT

ATTENDANCE APPLICATION

File this application at the School District Office

Student's name Last First M.I.

Current grade Birth date Home phone

Work phone Message phone

Parent's name Last First M.I.

Home address Street City Zip

E-mail address

The above-named student: [ ] resides outside the School District; or [ ] resides within the School District

Present school of attendance

School District

City County

Request assignment to School

- Is the above-named student:
[ ] Yes [ ] No Expelled or long-term suspended from any school or school district?
[ ] Yes [ ] No Currently subject to expulsion or long-term suspension from a school or school district?
[ ] Yes [ ] No [ ] N/A In compliance with conditions imposed by a juvenile court?
[ ] Yes [ ] No [ ] N/A In compliance with a condition of disciplinary action in any school or school district?

**EXHIBIT** **EXHIBIT**

*Note:* The following conditions apply to the open-enrollment program:

1. An attendance application must be completed and submitted on or before July 1.
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
3. Within ten (10) days of receiving the application, the parent or legal guardian will be notified in writing whether the application has been accepted, rejected, or placed on a waiting list.
4. Transportation for the student may be the responsibility of the parent or legal guardian.
5. Providing false information on this form may result in the application being denied or admission being revoked.

The signatory affirms that the student will abide by the rules, standards, and policies of the school and the District if enrolled.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**FOR DISTRICT USE ONLY • DO NOT WRITE BELOW THIS LINE**

**Student number** \_\_\_\_\_ **Date stamp** \_\_\_\_\_  
Filing Date

Accepted  Placed on waiting list Principal \_\_\_\_\_  
Date

Rejected - Reason for rejection \_\_\_\_\_

Copies sent by school to applicant and Superintendent's office.

Date sent \_\_\_\_\_

# TOMBSTONE UNIFIED SCHOOL DISTRICT #1

## OPEN ENROLLMENT CONTRACT

SCHOOL YEAR: \_\_\_\_\_

This contract is for \_\_\_\_\_ to enroll at \_\_\_\_\_ as an open enrollment student. He/she currently lives out of this school's attendance boundaries.

In order for this student to remain enrolled under open enrollment in this school, he/she has agreed to:

1. Abide by the rules, standards and policies of the school and District (including dress code)
2. Guarantee his/her attendance on a regular basis.
3. Keep all grades at passing level.
4. Be respectful to all staff.

If the student does not abide by these rules, he/she will be immediately withdrawn from our school, in sole discretion of the District.

Please note, this contract must be re-submitted with a new open enrollment application each year.

I have read the foregoing and agree to its terms,

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Principal

9/25/2017 DB

# TOMBSTONE UNIFIED SCHOOL DISTRICT #1

Tombstone High School  
P.O. Box 1000  
Tombstone, AZ 85638  
Phone: 520-457-2215  
Fax: 520-457-3643  
[ths@tombstoneschools.org](mailto:ths@tombstoneschools.org)

Walter J. Meyer  
P.O. Box 1000  
Tombstone, AZ 85638  
Phone: 520-457-3371  
Fax: 520-457-3685  
[wjm@tombstoneschools.org](mailto:wjm@tombstoneschools.org)

Huachuca City School  
P.O. Box 1000  
Tombstone, AZ 85638  
Phone: 520-456-9842  
Fax: 520-456-9811  
[hcs@tombstoneschools.org](mailto:hcs@tombstoneschools.org)

## Request for Student Records

In accordance with the Family Educational Rights and Privacy Act and Arizona State Law, I hereby authorize the release of student information for:

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

**From:**

School Name \_\_\_\_\_ Phone Number/Fax Number \_\_\_\_\_

Official Use Only:

**Please fax or email the following information:**

- |   |  |
|---|--|
| <input type="checkbox"/> Transcript                 | <input type="checkbox"/> Standardized Test Scores          |
| <input type="checkbox"/> Withdrawal Slip            | <input type="checkbox"/> Birth Certificate                 |
| <input type="checkbox"/> Immunization Records       | <input type="checkbox"/> Discipline and Attendance Records |
| <input type="checkbox"/> Current Grades/Report Card |  |

**Fax or mail Special Education Records to:**

- Special Education Records/ELL

Tombstone School District  
Special Programs Office  
PO Box 1000  
Tombstone, AZ 85638  
Phone: 520-457-2217 X3204 Fax: 520-457-3270

- \*PLEASE MAIL OFFICIAL TRANSCRIPT TO:  
Tombstone High School  
PO Box 1000  
Tombstone, AZ 85638**

Arizona Revised Statute 15-828.f states no school shall withhold records due to financial debts. FERPA Federal Law 99.31 states no parent signature is required for education records sent to another educational agency.

\_\_\_\_\_  
Records Official Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Request

\_\_\_\_\_  
Third Request