



Registration Form 2020-2021

Pomerene School District #64

Educating the Whole Child

1396 N. Old Pomerene Rd.

PO Box 7 Pomerene, AZ

Tel: 520-586-2407

Fax: 520-586-7724

Student Name _____
 Legal Last Name _____ First Name _____ Middle Name _____

Current Physical Address _____

Mailing Address _____ Phone Number _____

District of Residence Benson Pomerene St. David Vail Cochise Tombstone Other _____

Birth Date _____ Birth Place _____ Gender Male Female

Is either natural parent of the student Active Duty Military? NO YES

Ethnicity: Is the student Hispanic or Latino? NO YES

Ethnicity: (Check only one)

White (Not Hispanic) Hispanic or Latino Black or African American Asian or Pacific Islander American Indian

Race: (Select all that apply)

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

Student resides with Natural Father Natural Mother Step Parent Guardian Grandparents Other _____

Mother/Legal Guardian _____ Father/Legal Guardian _____

Is there a non-custodial parent? NO YES Name: _____

Date first enrolled in a US school _____ Current Grade Level _____

Last School Attended _____ Last School Address _____

Has the student received any of these educational services? (Select all that apply)

Special Education Speech/Hearing Gifted English Language Learner Self Contained OT/PT

Has this student been long-term suspended/expelled from any school or district? NO YES

Is this student being considered for expulsion or a long-term suspension? NO YES

What language do people speak in the home most of the time? _____

What language does the student speak most of the time? _____

What language did the student first speak or understand? _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND THAT I AM THE PARENT/LEGAL GUARDIAN OF THIS STUDENT.

SIGNATURE

DATE

RELATIONSHIP TO STUDENT

*****OFFICE USE ONLY*****

Date of entry _____ Entry Code _____ Grade Level _____ SAIS # _____

Student ID # _____ Date entered in PowerSchool _____ Registrars Initials _____



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MCKINNEY-VENTO QUESTIONNAIRE

Student Name: _____ Grade: _____ Male ___ Female ___

Name of Parent/Legal Guardian: _____

Address: _____

Phone Number: _____ Date of Birth: _____

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

RESIDENCY INFORMATION:

- Is your current address a temporary living arrangement?
 Yes No
- Is this temporary living arrangement due to loss of housing or hardship?
 Yes No

If you answered yes to questions 1 & 2, please check the appropriate answer for question 3. If you answered "no" to either question 1 or question 2, please skip question 3.

- Where is the student presently living? (check one)

<input type="checkbox"/> Motel/hotel	<input type="checkbox"/> With more than one family in a house/apartment
<input type="checkbox"/> Shelter	<input type="checkbox"/> In a place not designed for ordinary sleeping accommodations: such as a car, park or campsite
<input type="checkbox"/> Group Home	
<input type="checkbox"/> Other: _____	

Signature of Parent/Legal Guardian _____

Date _____

FOR SCHOOL PERSONNEL USE ONLY

Student **does not** qualify _____

Student **does** qualify _____

Student ID# _____ SAIS # _____ Entered into PS on _____ By (initials) _____

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

McKinney-Vento Liaison: _____

Date: _____

Food Service Personnel: _____

Date: _____

Effective Date: _____

POMERENE SCHOOL STUDENT EMERGENCY FORM

STUDENT INFORMATION

Last Name		First Name		Middle Initial	
Primary Phone		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birthday	
Gender					
Physical Address		City	State	Zip	
Mailing Address		City	State	Zip	
Grade	Email (Student)	Cell Phone (Student)			

Who does the student reside with (primary residence)? What is the relationship to the student?

(e.g., John & Mary Doe - natural parents, Jim Smith & Jane Clark - father & step mother...etc.)

Do the student's natural parents live in separate households? YES NO

Does the second household wish to receive school information via mail? YES NO

If yes, send to: _____

Mailing Address		City	State	Zip
Is there a non-custodial parent? <input type="checkbox"/> YES <input type="checkbox"/> NO _____				
Non-custodial Parent Name				

ANNUAL HEALTH UPDATE

Has your child's health changed in the last 12 months? YES NO

Has your child received immunizations in the last 12 months? YES NO

Does your child take medication on regular basis? YES NO

If you answered YES to any of the questions above, please attach documentation

Permission to give (Check the box for the medication that may be given to your child)

Tylenol Ibuprofen Benadryl

May your child see an audiologist on campus if needed? YES NO

CONSENT FOR EMERGENCY TREATMENT

In the event that parents/guardians cannot be reached, we are asking you to indicate below whether you grant consent for Pomerene School to obtain emergency care for your child in your absence. As the parent/guardian of the above named student, I hereby grant permission for Pomerene School to obtain emergency treatment as necessary.

YES NO

Transportation to and from School

Student will ride the bus YES NO If yes Morning Afternoon

FIELD TRIP PERMISSION

As the parent/guardian of the above named student, I hereby grant permission for my child to go to school-sponsored events such as field trips, walking tours...etc., during the school year. I understand that I may revoke this permission at any time, at my discretion. I will give notice as such to the school. It will be my child's responsibility to bring home any notices of trips from the teacher/school.

YES NO

SIBLINGS ATTENDING POMERENE SCHOOL (Name & Grade)

I certify that the information on this card is correct:

Parent/Guardian Signature

Date

MOTHER/GUARDIAN

Name
Home #
Cell #
Employer
Work #
Email

FATHER/GUARDIAN

Name
Home #
Cell #
Employer
Work #
Email

CARE PROVIDER (if applicable)

Name
Home #
Cell #
Address

EMERGENCY CONTACTS

Name
Home #
Cell #
Relationship to Student
Name
Home #
Cell #

Relationship to Student

Name
Home #
Cell #

Relationship to Student



Pomerene School District #64
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Health Services Information Form

1396 N. Old Pomerene Rd.
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Student's Name: _____ Date of Birth: _____ Grade: _____
Last First Middle

HEALTH CONCERNS/HEALTH HISTORY:

Check here if your child DOES NOT have any health issues (sign at bottom)

If your child has health concerns please check all current health conditions below and fill in blanks if applicable. Parent/guardian is responsible for notifying the school of new or existing health concerns and for providing the school with any medication or equipment that the student will require during the school day. Check with the health office to obtain the correct procedural forms. **Life-threatening conditions such as anaphylaxis, asthma, diabetes, or other conditions require individual health care plans/action plans, medication permits, and staff training prior to the first day of school. Please contact the school nurse to discuss your child's needs.*

ALLERGIES (*requires an Allergy Action Plan if intervention is needed at school and a medication permit if medication will be kept in health office)

Food: _____ Bee / Insect: _____ Allergy to Medication: _____ Other: _____
 School Treatment: My child will carry EpiPen & has been instructed on EpiPen use EpiPen will be kept in Health Office* Other: _____

ASTHMA (*requires an Asthma Action Plan if intervention is needed at school and a medication permit if medication will be kept in health office)

Triggers: Exercise Environmental Other: _____
 School Treatment: My child will carry inhaler & has been instructed on inhaler use Inhaler/Nebulizer will be kept in health office*
 My child was diagnosed with asthma but no longer uses an inhaler - date of last asthma episode: _____

DIABETES (*a Diabetes Care Plan is required for all students with Type I Diabetes - please contact the school nurse prior to the start of school)

*Type I (takes insulin) Insulin Pump Pen Syringe Type II (diet/exercise/medication controlled)

EMOTIONAL/BEHAVIORAL/PSYCHOLOGICAL/DEVELOPMENTAL

ADD ADHD Anxiety Asperger's Autism Bipolar Depression Developmental Delay
 Mood Disorder OCD ODD PTSD Schizophrenia Other: _____

HEARING/VISION

Known hearing loss explain _____ Hearing aid Glasses/Contacts Other vision problem: _____

MOBILITY/ACTIVITY

Activity restriction explain: _____ My child uses an assistive device: Wheelchair Walker Other: _____

SEIZURES (*please contact the school regarding a seizure action plan and a medication permit if medications will be given at school)

Type of seizure: _____ Date of last seizure: _____ My child will have Diastat at school*

OTHER MEDICAL ISSUES (if you check any conditions below please explain in space provided)

Bleeding disorder Birth defect/disorder Cancer Cerebral Palsy Concussion (date _____) Endocrine
 Gastrointestinal/Bladder Skin condition Heart Condition Hypertension Migraines Other: _____

Explanation: _____

My child will need help with activities of daily living and/or health care procedures (*contact nurse)

MEDICATION (*obtain medication permit from health office at school)

Medication taken at home: _____

Medication to be given at school (*permit required): _____

Information provided on this form will replace and/or update any previous health information received with the exception of Life-Threatening Health Conditions (contact nurse about removing this information). It is the parent/guardian responsibility to notify the health office if any changes occur in their child's health status.

Parent/Guardian Name (printed): _____ Parent/Guardian Signature: _____ Date: _____



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**Student Network/Internet
Acceptable Use Policy 2020-2021**

The Pomerene School District’s Network(s) provide access to network(s)/Internet services for educational purposes. The Internet is an information highway connecting thousands of computers all over the world. I understand that I will have access to the Internet and with this access comes the availability of some material that may not be considered to be of educational value within the context of the school setting.

Efforts will be made to direct students to educationally related material. However, on a telecommunications network(s) it is impossible to control all materials and sites. I believe that the valuable information and interaction available on the network(s)/Internet services far outweigh the possibility of users gaining access to sites that are not acceptable.

I understand that if I violate these guidelines established by the Pomerene School Board, I will have my access to the network(s) services denied and terminated. My signature indicates that I have read the Acceptable Use Policy of the Pomerene School District and that I understand the significance of the terms and conditions of the Policy.

Student Name (Print) _____ Date _____

Student Signature _____

**Parent or Guardian Network/Internet Contract
Acceptable Use Policy**

As the parent or guardian of _____, I have read the Terms and Conditions of the Pomerene School District’s Acceptable Use Policy. I understand that this access is designed for educational purposes. I understand that some materials on telecommunications network may be objectionable, but I accept responsibility for guidance of network use – setting and conveying standards for my daughter or son to follow when selecting, sharing, or exploring information and media.

I understand that this permission will be in effect for the duration of my student’s education experience at this school. As the parents or legal guardian of the minor student signing above, I grant permission for my son or daughter to access networked telecommunication services.

Parent/Guardian Name (Print) _____ Date _____

Parent/Guardian Signature _____

***The Acceptable Use Policy of the Pomerene School District can be found on our school website at Pomereneschool.org
Hard copies are available upon request.**



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CHECK OUT AND RELEASE OF REPORTS AND RECORDS

NAME OF STUDENT _____ DATE _____

PREVIOUS SCHOOL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

We, the legal parents/guardians of the above named student, do hereby give our consent to release the information indicated:

- _____ Health Records
- _____ Official School Records
- _____ Special Education Records
- _____ Psychological Records
- _____ Other (specify)

The person or agency to which this record/information is released is expressly prohibited from in turn releasing information regarding the above named student without consent of the legal parent/guardian, unless the agency is a school in which the student will enroll.

DATE

PARENT/LEGAL GUARDIAN SIGNATURE

Pomerene School District is a welcoming school community whose mission is to provide an engaging and safe learning environment, emphasizing quality education and traditional values that prepare students to seize opportunities for success.

Visit us at: www.pomereneschool.org



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PICTURE PERMISSION FORM

2020-2021

During the course of the school year photographs of your child will be taken.
We are asking for your permission to publish your child's picture in:

School/Teacher Newsletter	Yes _____	No _____
Facebook	Yes _____	No _____
Local Newspapers	Yes _____	No _____
District Website	Yes _____	No _____
School Yearbook	Yes _____	No _____
Any other Pomerene related materials	Yes _____	No _____

_____ (student name) has my permission to
have his/her photograph published in the items checked above.

Signature of Parent/Legal Guardian

Date



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Parent/Student Signature Page
Pomerene School
2020-2021

Dear Students and Parent(s)/Guardian(s):

This handbook was developed as a guide for students and parents and to answer commonly asked questions that come up during the course of a school year. Our goal is to create a positive educational atmosphere of learning where rules are enforced firmly, fairly, and consistently to all students.

We ask that you familiarize yourself with this handbook by reading it and ask that you sign this page as evidence that you are aware of our policies and procedures. Signing below is evidence that parents and students have or will read and understand the contents of this handbook.

Print Child/Children's Name(s)	Grade	Signature of Child/Children's Name(s)
(1) _____	_____	(1) _____
(2) _____	_____	(2) _____
(3) _____	_____	(3) _____
(4) _____	_____	(4) _____
(5) _____	_____	(5) _____
(6) _____	_____	(6) _____

Print Name of Parent/Guardian

Date

Signature of Parent/Guardian

Date



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Arizona Department of Education Arizona Residency Documentation Form

Dear Parent/Legal Guardians,

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 (NOTE: Documentation MUST list the physical address...no PO Boxes) 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
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ 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.

Parent/Legal Guardian Name

Student Name

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.

Updated 3/19/2020 CN



Arizona Department of Education
Arizona Residency Guidelines
REVISED 4/24/2019

INTRODUCTION

Local educational agencies are required to provide all children with equal access to public education at the elementary and secondary level. The U.S. Supreme Court held in *Plyer v. Doe*, 457 U.S. 202 (1982) that the undocumented or non-citizen status of a student (or his or her parent or guardian) is irrelevant to that student's entitlement to an elementary and secondary public education. However, to receive free public education in the State, students must be Arizona residents. Residents refers to those who are domiciled in Arizona and can provide proof of residence (see below). Pursuant to A.R.S. § 15-823, a school district or charter school may not include non-resident pupils in their student count and may not obtain state aid for those pupils.

In Arizona, the "district of residence" of a student is determined by the residency of the parent or guardian with whom the student lives. Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that their student/parent residency information is accurate and verifiable. **While a district may restrict attendance to district residents based on available classroom space, inquiring into students' citizenship or immigration status, or that of their parents or guardians would not be relevant to establishing residency within the district.**

The Department may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student's residency status through documents provided by the parent/guardian may be required to repay the state aid received for that student. The following provides information on verifiable documentation parents must provide to prove district of residency.

OPEN ENROLLMENT

Arizona's open enrollment policies allow a student to transfer to any public school of his or her choice, even if it is outside of the student's district of residence. There are two basic types of open enrollment policies:

- Intra-district: Students transfer to another school within the resident school district.
- Inter-district: Students transfer to a school outside of their resident district.

Under A.R.S. § 15-816 and A.R.S. § 15-816.01, intra-district and inter-district open enrollment policies are mandatory on all school districts, allowing students to apply for admission to any public school, based on available classroom space.

VERIFIABLE DOCUMENTATION

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 **must be provided each time a student enrolls in a school district or charter school in this state and reaffirmed during the district or charter's annual registration process via the district or charter's annual registration form. The documentation supporting Arizona residency should be maintained according to the school's records retention schedule.** For members of the armed services, a school may enroll a student if the parent provides a hard-copy or electronic document of their transfer or pending transfer to a military installation within the state. The parent must provide official documentation of residency within ten days after the arrival date which may include a temporary on-base billeting facility as their address. **PROOF OF RESIDENCY IS NOT REQUIRED FOR HOMELESS STUDENTS.** 42 U.S.C. § 11432(g)(3)(C)(i).

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent or legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family's household is multi-generational. Different documentation is required for each circumstance.

1. **Parent(s) or legal guardian(s) that maintains his or her own residence:** The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide **one** of the following documents, which bear the parent or legal guardian's full name and residential address or physical description of the property where the student resides (no P.O. Boxes):
 - Valid Arizona driver's license, Arizona identification card
 - Valid Arizona motor vehicle registration
 - Valid Arizona Address Confidentiality Program authorization card
 - Property deed
 - Mortgage documents
 - Property tax bill
 - Rental agreement or lease (including Section 8 agreement or off-base military housing)
 - Utility bill (water, electric, gas, cable, phone)
 - 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 located in Arizona
 - Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)
 - Temporary on-base billeting facility (for military families)

A model Arizona Residency Documentation Form is available for schools at the end of this document.

2. **Parent(s) or legal guardian(s) that does not maintain his or her own residence:** The parent or legal guardian must have an **affidavit of shared residency** form completed indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit for the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the bulleted list bearing the name and address of the person who maintains the residence. A model Affidavit of Shared Residence form is available for schools at the end of this document.

USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS

School officials must **retain a copy** of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indication of residency; however, documentation is subject to audit by the Department. Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing. **INFORMATION PROVIDED BY PARENTS AND GUARDIANS TO ARIZONA PUBLIC SCHOOLS IS CONFIDENTIAL AND ONLY USED FOR EDUCATIONAL PURPOSES.**

For more information about the federal guidelines regarding enrollment, please visit <https://www.justice.gov/sites/default/files/crt/legacy/2014/05/08/plylerfact.pdf>



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State of Arizona Affidavit of Shared Residence Form

Student Name: _____

Parent/Legal Guardian Name: _____

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
- _____ 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)

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