

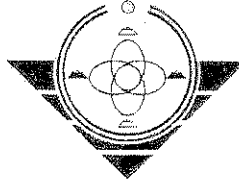
New Student _____
 Returning _____

Ganado Unified School District No. 20
Ganado, AZ 86505

DOCUMENT CHECKLIST:	
IMMUN:	
Birth Cert:	
CIB:	
Lang. Surv.	
Res. Affidavit	
506 Form	
Official W:	
Trans Req:	
SM ENTRY:	

FOR OFFICE USE ONLY:

Grade	
Entry Date	
ID#	
Teacher	
Counselor	



SECTION A: STUDENT INFORMATION

NAME OF STUDENT _____ GENDER _____ SS# _____

DATE OF BIRTH _____ AGE _____ Census # _____

PLACE OF BIRTH _____

Is this student Hispanic/Latino? (Circle only one)	No	Not Hispanic	Yes	(A person having origins in any of the original peoples of North & South America, incl Cental America, who maintains Tribal Affiliation		
	RACE: (Choose one or more)		Asian	American Indian / Alaskan Native	Black/ African American	White

PREVIOUS SCHOOL ATTENDED _____

PREVIOUS SCHOOL ADDRESS _____

STUDENT WILL: WALK **OR** RIDE BUS

DIRECTIONS TO HOME:

LIVE W/ PARENTS YES _____ NO _____ RESIDENCE CHAPTER _____

GUARDIAN (COURT ASSIGNED) _____ RELATIONSHIP TO CHILD _____

NAMES OF BROTHERS & SISTERS ATTENDING G.U.S.D. & GRADE _____

SECTION B: PARENT INFORMATION

NAME OF FATHER _____ C# _____ TRIBE _____

MAILING ADDRESS _____ HOME PH# _____

WORKPLACE _____ BUS. PH# _____

EMAIL ADDRESS: _____ CELL PH# _____

NAME OF MOTHER _____ C# _____ TRIBE _____

MAILING ADDRESS _____ HOME PH# _____

WORKPLACE _____ BUS. PH# _____

EMAIL ADDRESS: _____ CELL PH# _____

SECTION C: OTHER INFORMATION

PRIMARY HOME LANGUAGE SURVEY: (Included w/ Enrollment Packet)

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?

ANY KNOWN ALLERGIES, GLASSES, OR MEDICAL PROBLEMS:

PERSON TO CONTACT IN CASE OF AN EMERGENCY

*This contact is allowed to checkout your child & must have a phone #

NAME _____ RELATIONSHIP _____ PHONE# _____

LOCATION OF HOME: _____

SECTION D: ADDITIONAL CONTACTS (Please Note: These contacts may be contacted in emergencies)

NAME OF CONTACT _____ HOME PH# _____ BUS. PH# _____

OCCUPATION _____ CELL PH# _____

PHYSICAL ADDRESS: _____

*Please initial if allowed to checkout your child _____ Relationship _____

NAME OF CONTACT _____ HOME PH# _____ BUS. PH# _____

OCCUPATION _____ CELL PH# _____

PHYSICAL ADDRESS: _____

*Please initial if allowed to checkout your child _____ Relationship _____

NAME OF CONTACT _____ HOME PH# _____ BUS. PH# _____

OCCUPATION _____ CELL PH# _____

PHYSICAL ADDRESS: _____

*Please initial if allowed to checkout your child _____ Relationship _____

SECTION E: ADDITIONAL INFORMATION

SPECIAL INSTRUCTIONS: _____

COMMENTS: _____

TO WHOM IT MAY CONCERN:

I, as legal parent/guardian, am responsible for this applicaton. I verify that the information I provided is true. I give my consent for any emergency medical or dental treatment.

Print Name: _____

Signature: _____

RELATIONSHIP: _____

WITNESS: _____

DATE: _____

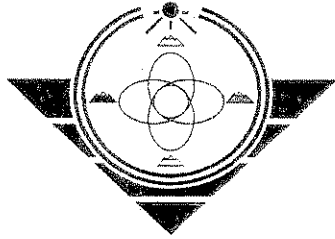
DATE: _____

**Note: It is important to fill out all possible information; this information is used for your child's safety.

Office Use Only

7/1/2014

Stamp Date Entered into SM



To meet federal reporting guidelines, the Ganado Unified School District, is collecting the information requested below. Attached you find an explanation for the collection of this information. Please complete the survey and return to your child's school. Any questions, please feel free to call Leola Thompson @ (928) 755-1047. Thank you.

Ethnicity Re-Survey to meet New Federal Reporting Requirements

PART A:

Is this student Hispanic/Latino? (Choose only one)

- NO**, not Hispanic/Latino
- YES**, Hispanic/Latino (A person who is Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture or origin, regardless of race)

PART B:

What is the student's race? (Choose one or more)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation.)
- Asian** (A person having origins in any of the original people of the Far East, Southeast Asia Or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original people Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, Middle East, or North Africa.)



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 _____

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.

DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title IX Part A

Parents: In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition from the Act may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form which contains at least the child's name, the name of the tribe, band or group, and your date signature, your child cannot be counted by the school for funding under the Act.

Please return completed form to your child school.

Definition: Indian means any individual, or a parent or grandparent, who is (1) a member (as defined by the Indian tribe, or band) of an Indian tribe, or band, including those Indian tribes, bands, or group terminated since 1940, and those recognized by the State in which the reside: or (2) considered by the Secretary of the Interior to be an Indian for any purpose: or (3) an Eskimo or Aleut or other Alaska Native; or (4) a member of an organized Indian group the received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Name of Child _____ D.O.B. _____
As shown on school enrollment records

School Name _____

Name of Tribe, Band or Group _____

Tribe, Band or Group is: (Check One)

_____ Federally Recognized including Alaska Native

_____ State Recognized

_____ Terminated

_____ Organized Indian Group meeting # 4 of the definition above

Name of individual with tribe membership: _____

Individual named is (check One):

_____ CHILD _____ CHILD'S PARENT _____ CHILD' GRANDPARENT

Proof of membership, as defined by tribe, group:

A. Membership or enrollment no. (if readily available) _____ OR

B. Other (explain)

Name and address of organization maintaining membership data for the tribe, band or group:

Agency

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ Date: _____

Mailing Address _____ Phone: _____



**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
- ___ 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

*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.

GANADO UNIFIED SCHOOL DISTRICT
Special Education Needs Screening

ARS §15-15763 –compliance

To be completed by parent/guardian or authorized individual at time of school registration

Student: _____ Date: _____

School registering at: _____ Anticipated Grade Level: _____

To enable use to plan best for your student's educational needs, please indicate if your child has ever been evaluated or considered for special education services. This is for planning purposes ONLY and will not affect your child's registration at this school.

(Please check one)

YES NO UNSURE

 Received Special Education Services before
When & where? _____

 Was in the process of being referred
When & where? _____

 Was in the process of being evaluated
When & where? _____

 Had a Psychoeducational evaluation &/or other evaluations
When & where? _____

 Had an IEP
When & where? _____

 Had a 504 plan
When & where? _____

**Office use only: This form will be reviewed by a Special Education Teacher Psychologist and/or ESS Administrator. **

Date received at ESS office: _____

FOLLOW-UP

Date records requested: _____ Date records received: _____

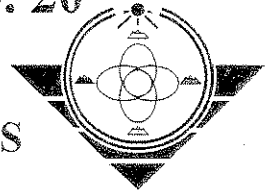
Date records reviewed: _____

MET Date: _____ IEP developed YES NO

Comments: _____

GANADO UNIFIED SCHOOL DISTRICT No. 20

OFFICE OF REGISTRATION DEPARTMENT



AUTHORIZATION TO TRANSFER EDUCATION RECORDS

I, _____, the parent of or legal guardian
of _____ Grade: _____ D.O.B. _____

Authorize the transfer of:

_____ Transcript of Grades	_____ Athletic Eligibility
_____ Withdrawal Paper	_____ Health Records
_____ AIMS/Azella Test Results	_____ Special Education Records
_____ Back Ground Check	_____ Leave Grades
_____ Guardianship Paper	_____ Cumulative Records Birth Certificate, CIB, SS Card

From: _____
(Complete Address of School Previously Attended)

Fax over copy to: Registrar at 928-755-1502

Mail original to: Ganado High School, Attn: Registrar PO Box 1757 Ganado, Arizona 86505

The school at which the above student intends to enroll or enrolled. This release is in accordance with provisions of the family Education Rights and Privacy Act of 1974.

Parent/ Guardian Signature

Date

Student Signature- if 18 yrs of age

Date

School Official; Title

Date

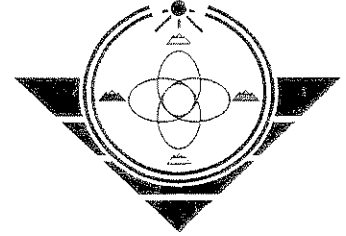
Anticipated Year and Date of Graduation _____

GANADO UNIFIED SCHOOL DISTRICT No. 20

Exceptional Student Services

Phone: (928) 755-1021

Fax: (928) 755-1022



PARENTAL PERMISSION FORM AUTHORIZATION FOR RELEASE OF INFORMATION

Date of Request: _____

RE: _____ BIRTH DATE: _____

I hereby authorize: _____

To release to: **Ganado Unified School District No. 20**
SPECIAL EDUCATION DEPARTMENT
PO Box 1757
Ganado, Arizona 86505

Any information on file as a result of examination or study made on _____
This may be of value in formulating the best plan for the education of my child. This
request includes _____

It is understood that the confidential nature of these records will be maintained. Only
authorized personnel will have access to this information.

SIGNATURE

RELATIONSHIP TO CHILD

ADDRESS

DATE

CITY, STATE, ZIP

XC: Student File



Ganado Unified School District

PO Box 1757 Ganado, AZ 86605

July 15, 2014

Ganado School Parent(s) Guardian
RE: FamilyLink

Dear Sir or Madam:

Ganado Unified School District is excited to announce its new FamilyLink system for parents!!

FamilyLink is a new web-based tool that will allow parents to log onto the Ganado School Website and view information on their child. Types of information you can view;

- ✓ Attendance
- ✓ Marks (Grades)
- ✓ Schedule
- ✓ Calendar
- ✓ Progress Reports

Each parent will receive a login & password that will allow, ONLY the parent to access ONLY their child(ren)'s information. FamilyLink is a safe, secure way to view your child(ren)'s school information. Each school will be providing a designated time and place to host a training on this new tool.

Please indicate below, if you would like to have your child's information posted on our secure website or IF YOU DO NOT want to have your child's information posted and we will remove them from the list.

If you have any questions, please feel free to call Leola Thompson @ 755-1047 and I will be glad to answer any questions you have.

_____ I AGREE to accessing my child's information on the FamilyLink system.

_____ DO NOT post my child's Information to the FamilyLink System.

_____ Grade

_____ Student's Name

_____ (Parent) Print Name

_____ (Parent) Signature

_____ Date



USE OF TECHNOLOGY RESOURCES
IN INSTRUCTION

PARENT/GUARDIAN ACCEPTABLE USE
AGREEMENT, RELEASE, AND WAIVER

Parent of Guardian

_____ I **do not give permission** for my child to participate in the School's electronic communications system.

I have read the School's electronic communications system policy, administrative regulations, and network etiquette information. In consideration for the privilege of my child using the School's electronic communications system and in consideration for my child having access to the public networks, I hereby release the School, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system including, without limitation, the types of damage identified in the School's policy and administrative regulations.

_____ I **give permission** for my child to participate in the School's electronic communications system and certify that the information contained on this form is correct.

Signature of Parent or Guardian _____

Home address _____

Date _____ Home phone number _____

Student Name: _____ Grade: _____