



Queen Creek School District No.95

20217 East Chandler Heights Road, Queen Creek, Arizona 85142 Phone (480) 987-5935 Fax (480) 987-9714

Registration Requirements

REGISTRATION PACKET: To be completed and signed by parent or legal guardian ONLY.

PROOF OF RESIDENCY

Enrolling parent/guardian must submit an original and current water, electric, or gas bill; signed and complete closing purchase contract; or current, signed lease agreement (NOT month to month). Residency document must be in the enrolling parent/guardian's name.

BIRTH CERTIFICATE

All students must have a birth certificate on file. If the birth certificate is lacking upon day of registration, a certified original must be submitted within thirty (30) days of registration date. No student may participate in AIA activities without a birth certificate on file.

GUARDIANSHIP/CUSTODY

Custody papers, Arizona Court Appointed Guardianship Papers, or documentation from the Superior Court of AZ showing a pending court date for guardianship hearing must be presented at time of registration. Final court documents must be presented to the school within one (1) week of the hearing date.

IMMUNIZATION RECORDS

To comply with Arizona State Law, we must have documentation that your child is up to date on all immunizations. They cannot enroll in school until current.

PHOTO ID OF PARENT/GUARDIAN, ORIGINAL ONLY

We do not accept copies from second hand parties.

STUDENT'S TRANSCRIPTS/DISCIPLINE/ATTENDANCE RECORDS (high school credits)

All students with prior completed high school credits must have an unofficial copy of the transcript at time of registration. Failure to supply this information may result in loss of credit.

WITHDRAWAL FORM/WITHDRAWAL GRADES

Student must have official withdrawal form from previous school to enroll. Withdrawal grades are required if student is enrolling after the semester has begun.

SPECIAL EDUCATION/504 RECORDS (If applicable)

Current copy of IEP and MET, including psychological reports or 504 plan are required at time of registration.

STUDENT ATHLETES (high school only)

Please contact athletic secretary for forms that must be submitted prior to participation.

QUEEN CREEK UNIFIED SCHOOL DISTRICT #95

___ DME ___ FBPE ___ FMSE ___ GPA ___ JBE ___ KMBE ___ SVE ___ QCE ___ QCJH ___ NBJH ___ EHS ___ QCHS ___ QCVA

LAST NAME

FIRST NAME

MIDDLE NAME

STUDENT ID #

GRADE

GENDER

HOME LANGUAGE

NICK NAME

SAIS ID #

DATE OF BIRTH

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? _____

SUBDIVISION

TRIBAL NAME

BIRTH CITY

BIRTH STATE

BIRTH COUNTRY

YOU MUST SELECT - CIRCLE ONE RACE: HISPANIC OR NON-HISPANIC

YOU MUST SELECT - CIRCLE AT LEAST ONE ETHNICITY: WHITE BLACK ASIAN NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
AMERICAN INDIAN/ALASKAN NATIVE

PHYSICAL HOME ADDRESS / SUBDIVISION

CITY

STATE

ZIP CODE

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL HOME ADDRESS)

CITY

STATE

ZIP CODE

WHO DOES STUDENT LIVE WITH (Circle One): BOTH PARENTS MOTHER FATHER STEP-MOTHER STEP-FATHER GUARDIAN FOSTER

MOTHER'S NAME

CELL PHONE

EMAIL ADDRESS

HOME PHONE

WORK PHONE

EMPLOYER

CHECK BOXES THAT APPLY: ☐ Contact Allowed ☐ Education Rights ☐ Has Custody ☐ Mailings Allowed ☐ Enrolling Parent
☐ Release To ☐ Deceased ☐ Other _____

FATHER'S NAME

CELL PHONE

EMAIL ADDRESS

HOME PHONE

WORK PHONE

EMPLOYER

CHECK BOXES THAT APPLY: ☐ Contact Allowed ☐ Education Rights ☐ Has Custody ☐ Mailings Allowed ☐ Enrolling Parent
☐ Release To ☐ Deceased ☐ Other _____

WILL YOUR STUDENT RIDE THE BUS TO OR FROM SCHOOL? ☐ NO ☐ YES AM ROUTE # _____ PM ROUTE # _____

EMERGENCY CONTACTS: Please list them in the priority that you would like them called

1. _____	CONTACT NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER(S)
2. _____	CONTACT NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER(S)
3. _____	CONTACT NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER(S)
4. _____	CONTACT NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER(S)

Has your student been enrolled in this District or in Arizona before? If yes, what School/District? _____

When did your student enter US Schools? Please give year and grade: _____

Has your student ever been suspended? ☐ Yes ☐ No

Has your student ever been retained? ☐ Yes ☐ No

Is your student currently being considered for expulsion? ☐ Yes ☐ No

Has your student been expelled from any School/District? ☐ Yes ☐ No

Does your student have any special needs? If yes, please identify (circle what applies) ELL 504 GIFTED SPEECH SPECIAL EDUCATION TITLE 1

NOTE: IF YOUR STUDENT IS RECEIVING SPECIAL EDUCATION SERVICES, PLEASE PROVIDE A COPY OF THE IEP UPON REGISTRATION

Have you, your spouse, and/or your children moved into this school district within the last 12 months? ☐ Yes ☐ No

Are you and/or your spouse currently employed in agriculture or are you looking for agriculture work? ☐ Yes ☐ No

Please list all siblings attending this or other Queen Creek Schools:	
NAME, AGE, SCHOOL	NAME, AGE, SCHOOL
NAME, AGE, SCHOOL	NAME, AGE, SCHOOL
NAME, AGE, SCHOOL	NAME, AGE, SCHOOL

_____ Birth Certificate* (If you do not have a certified copy, one must be obtained within 30 days of registration)

_____ Immunization Record (No child will be admitted without an immunization record according to the Arizona Department of Health)

_____ Current Utility Bill (electric, gas or water)

_____ Photo ID of Parent/Guardian (If student resides with Guardian, documents must be provided)

_____ Transcripts (High School Only)

I understand that 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 Queen Creek Unified School District.

SIGNATURE OF PARENT/GUARDIAN	DATE
------------------------------	------

* On enrollment of a pupil for the first time in a particular school district or private school offering instruction to pupils in any Kindergarten programs or grades one through twelve that, that school or school district shall notify the person enrolling the pupil in writing that within thirty days the person must provide one of the following:

1. A certified copy of the pupil’s birth certificate.

2. Other reliable proof of the pupil’s identity and age, including the pupil’s baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.

3. A letter from the authorized representative of an agency having custody of the pupil pursuant to Title 8, Chapter 2.1 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

OFFICE USE ONLY				
TRACK:	GRADE:	TEACHER:	ID#:	GRAD YEAR:
AZ ENTRY DATE:		RESIDENT DISTRICT:	ENROLL DATE/CODE:	
ENTERED BY:			DATE:	



Queen Creek School District No.95

20217 East Chandler Heights Road, Queen Creek, Arizona 85142 Phone (480) 987-5935 Fax (480) 987-9714

Pre-Enrollment Questionnaire

Student Name _____ Date of Birth _____ Grade _____

Please complete this form so that we are aware of and able to request student records from previous schools.

Please list any previous school(s) your child has attended:

School	City/State
_____	_____
_____	_____
_____	_____
_____	_____

Has your child ever been suspended (in school or out of school)? **Yes** or **No** (please circle one)

If yes, please explain: _____

Has your child ever been expelled? **Yes** or **No** (please circle one)

If yes, please explain: _____

My signature below indicated that the above statements are true to the best of my knowledge. If they are found to be untrue, I understand that my child may be subject to immediate dismissal from Queen Creek Unified School District.

Signature: _____ Date: _____

(Parent/Guardian)



Queen Creek School District No.95

20217 East Chandler Heights Road, Queen Creek, Arizona 85142 Phone (480) 987-5935 Fax (480) 987-9714

New Student Disclosure of Services

Student Name _____ Date of Birth _____ Grade _____

Please complete this form so that we may be more prepared to meet your child's educational needs. Place a check next to the section that describes your child's previous educational experience.

General Education

____ My child does NOT have an **IEP** and does NOT receive additional educational services

____ My child receives accommodations through a **504 Plan**

____ School district and school where records are located:

Special Education

____ My child has an **IEP** and receives special education services for

____ Speech and Language

____ Specific Learning Disabilities

____ Other:

School district and school where records are located:

Gifted Program

____ My child was previously a part of a gifted and talented program

Signature _____ Date _____

(Parent/Guardian)



Queen Creek School District No.95

20217 East Chandler Heights Road, Queen Creek, Arizona 85142 Phone (480) 987-5935 Fax (480) 987-9714

PERMISSION TO RELEASE RECORDS

We are requesting records on the following student:

Student Name

Grade

Date of Birth

PLEASE FORWARD THE FOLLOWING: **PLEASE DO NOT SEND CUM FILE**

___ REPORT CARDS/TRANSCRIPTS INCLUDING WITHDRAWAL GRADES

For high school students: Please fax unofficial transcript and mail official transcript

___ BIRTH CERTIFICATE

___ IMMUNIZATION/MEDICAL RECORDS

___ STATE STANDARDIZED TESTS (AIMS/Stanford/AzMERIT)

___ SPECIAL EDUCATION / PSYCHOLOGICAL RECORDS

___ ELL RECORDS INCLUDING ASSESSMENTS

___ SOCIAL AND EDUCATIONAL RECORDS

___ DISCIPLINE RECORDS

___ WITHDRAWAL FORM/ SAIS ID

___ ATTENDANCE RECORDS

IT IS UNDERSTOOD THAT THIS INFORMATION IS CONFIDENTIAL AND WILL BE TREATED ACCORDINGLY.

Parent/Guardian Signature

Date

PREVIOUS SCHOOL NAME/ADDRESS:

School Name: _____ School District: _____

Street Address: _____

City/ State/ Zip: _____

Phone: _____ Fax: _____

PLEASE SEND TO:

- ___ **Desert Mountain Elementary** * 22301 South Hawes Rd, Queen Creek, AZ 85142-8987 * Phone: (480) 987-5912 Fax: (480) 987-5914
- ___ **Faith Mather Sossaman Elementary** * 22801 Via Del Jardin, Queen Creek, AZ 85142 * Phone: (480) 474-6900 Fax: (480) 987-2265
- ___ **Frances Brandon Pickett Elementary** * 22076 E Village Loop Rd, Queen Creek, AZ 85142 * Phone: (480) 987-7420 Fax: (480) 987-7439
- ___ **Gateway Polytechnic Academy** * 5149 S. Signal Butte, Mesa, AZ 85212 * Phone: (480) 987-7440 Fax: (480) 986-1848
- ___ **Jack Barnes Elementary** * 20750 South 214th Street, Queen Creek, AZ 85142 * Phone: (480) 987-7400 Fax: (480) 987-7415
- ___ **Katherine Mecham Barney Elementary** * 19684 South 225th Place, Queen Creek, AZ 85142 * Phone: (480) 474-6720 Fax: TBD
- ___ **Queen Creek Elementary** * 23636 South 204th Street, Queen Creek, AZ 85142-9677 * Phone: (480) 987-5920 Fax: (480) 987-0612
- ___ **Silver Valley Elementary** * 9737 East Toledo Avenue, Mesa, AZ 85212 * Phone: (480) 474-6920 Fax: (480) 279-2022
- ___ **Newell Barney Junior High** * 24937 South Sossaman Road, Queen Creek, AZ 85142 * Phone: (480) 474-6700 Fax: (480) 882-3181
- ___ **Queen Creek Junior High** * 20435 South Old Ellsworth Rd, Queen Creek, AZ 85142 * Phone: (480) 987-5940 Fax: (480) 987-3815
- ___ **Queen Creek High School** * 22149 East Ocotillo Road, Queen Creek, AZ 85142-7750 * Phone: (480) 987-5973 Email: bvindiola@qcusd.org
- ___ **Eastmark High School** * 9560 East Ray Road, Mesa, AZ 85212 * Phone: (480) 474-6950 Fax: (480) 474-6952
- ___ **Other *** _____

Faxed to School _____

Faxed to SPED _____



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.

Queen Creek School District No.95

Family Resource Center

20435 South Old Ellsworth Road, Queen Creek, Arizona 85142 Phone (480) 987-5988 Fax (480) 987-5919

Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Assistance Act, U.S.C.A. 42 Section 11302 (a). Your answers will help us determine residency information necessary for potential services for this student.

#1. Presently, where is the student living? Check one box:					
Section A			Section B		
<input type="checkbox"/> In a motel <input type="checkbox"/> In a shelter <input type="checkbox"/> With more than one family in a house or apartment due to economic hardship <input type="checkbox"/> Moving from place to place <input type="checkbox"/> In a place not designed for ordinary sleeping accommodations (ex. car, park, campsite) CONTINUE: If you checked a box in Section A, Complete #2 and the remainder of this form.			<input type="checkbox"/> Choices in Section A do not apply STOP: If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel.		
#2. The student lives with:			School		
<input type="checkbox"/> Parent(s) / Legal Guardian(s) <input type="checkbox"/> Relative(s), friend(s) or other adult(s) <input type="checkbox"/> Alone with no adult			<input type="checkbox"/> Desert Mountain Elementary <input type="checkbox"/> Faith Mather Sossaman Elementary <input type="checkbox"/> Frances Brandon-Pickett Elementary <input type="checkbox"/> Gateway Polytechnic Academy <input type="checkbox"/> Jack Barnes Elementary <input type="checkbox"/> Katherine Mecham Barney Elementary <input type="checkbox"/> Silver Valley Elementary <input type="checkbox"/> Queen Creek Elementary <input type="checkbox"/> Newell Barney Junior High <input type="checkbox"/> Queen Creek Junior High <input type="checkbox"/> Eastmark High School <input type="checkbox"/> Queen Creek High School		
Student Information					
Name of Student: (last, first, middle) _____					
<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB	__/__/__	AGE	S.S. # (if known) __/__/__
Other Student Information					
Name of Parent/Legal Guardian(s) (if available): _____					
Residence: _____		Zip: _____	Telephone: _____		
Mailing Address: _____					Zip: _____
Alternative contact person: _____			Alternative contact telephone#: _____		

Signature of Parent/Legal Guardian: _____

School use only-Campus Administrator's determination of Section A circumstances:

- ☐ Student lives apart from parent/guardian for school purposes.
☐ Student and parent live with another family-not homeless.
☐ Student comes under the McKinney Vento Act.

Instructions for Registrars:

1. Mark in PEIMS as appropriate.
2. Send questionnaire to campus/district administrator.
3. Questionnaires of qualified students.
4. Discard questionnaires of non-qualifying students.

CONFIDENTIAL QUESTIONNAIRE FOR PARENTS

Dear Parents:

Our school district is conducting a survey through use of this questionnaire to determine the number of migrant children residing in our district. Please fill out this form and return it to the school receptionist.

Thank you!

Student Name

Street Address

Date of birth

Place of Birth

Grade

Home/Cell Phone

Father's Name

Mother's Name

School (check one):

☐ Desert Mountain Elementary
☐ Faith Mather Sossaman Elementary
☐ Frances Brandon-Pickett Elementary
☐ Gateway Polytechnic Academy
☐ Jack Barnes Elementary
☐ Katherine Mecham Barney Elementary

☐ Silver Valley Elementary
☐ Queen Creek Elementary
☐ Newell Barney Junior High
☐ Queen Creek Junior High
☐ Eastmark High School
☐ Queen Creek High School

1. Have you, your spouse, and/or your children moved to this school district within the past 12 months?

Yes_____ No_____

2. Are you and/or your spouse currently employed in agriculture or are you looking for agricultural work?

Examples include:

*Picking fruits/vegetables
*Ranch related work
*Dairy related work
*Orchard related work

*Irrigating soil, trees, plants
*Cultivating/harvesting trees
*Packing or processing fruits/vegetables
*Operating agricultural machinery

Yes_____ No_____



**Arizona Department of Education
Arizona Residency Guidelines
9/22/11**

INTRODUCTION

Generally, under Arizona law, only Arizona residents are entitled to a free public education. The Arizona Department of Education (“Department”) is a designated steward of state education tax dollars and is responsible for providing state aid to school districts and charter schools for students who reside in Arizona. Pursuant to A.R.S. § 15-823(J), 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. The residency 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. 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 may be required to repay the state aid received for that student.

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.**

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/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 United States passport
- Property deed

- Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)

2. Parent(s) or legal guardian(s) that does not maintain 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 submit a signed, notarized affidavit bearing the name and address of 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 above bearing the name and address of the person who maintains the residence. A model affidavit is available for schools at: <http://www.azed.gov/finance/files/2011/10/arizona-residency-guidelines.pdf>.

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 indicia 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.



**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

Queen Creek Unified School District
Consent for Medical Treatment and Medical Information Form
CONFIDENTIAL

Student's Name: _____

Student Grade _____ I.D. _____

Date of Birth: _____

Homeroom Teacher _____

Address: _____

City, State, Zip Code _____

Home telephone: _____

Cell Phone: _____

Primary email address _____

I hereby give my consent for my child to receive treatment in the health office by Queen Creek Schools Staff during the period of July 2020 - May 2021. I understand medication is not to be sent with a child to school. Only an adult may bring in medication to the health office.

Health screenings including hearing and vision may be given during the school year. I understand that important medical information will be shared with school personnel as needed for the safety of each student.

I have read this form and I certify that I understand its content.

Signature: _____

Mother () Father () Legal Guardian ()

Date: _____

Who does the student live with _____

Parent/Guardian Information

Mom's name _____

Phone: _____ Phone: _____

Email: _____

Dad's name _____

Phone: _____ Phone: _____

Email: _____

Please list **emergency contacts** by the priority in which you want them to be contacted in the event of emergency and **parent/guardian is unavailable**.

Emergency contact 1: _____

Home Phone: _____ Cell Phone: _____

Emergency contact 2: _____

Home Phone: _____ Cell Phone: _____

Emergency contact 3: _____

Home Phone: _____ Cell Phone: _____

Health History

Has your child ever been diagnosed by a physician for the following conditions?

___ No Medical Conditions

___ Severe Allergies

___ Lung Condition

___ Heart Problems

___ Diabetes

___ Bleeding Disorder

___ Epilepsy/Seizures

___ Asthma

___ Depression

___ Skin Problems`

___ ADD/ADHD

___ Vision Problems

___ Hearing Problems/Aids

___ Bladder Condition

___ Mental Health Condition

___ Suppressed Immune System

___ Concussion History

___ Stomach/GI

___ Bone/Joint Condition

___ Other

If you checked any of the above, please explain

Please list any allergies to medication, food or insects and reaction(s)

Medications

Please list current medication(s), dose and reason for medication(s)

Will medication be given during school hours? ___ YES ___ NO

*If medication is to be given at school, a signed consent by parents and health care provider must be completed and returned to health office prior to giving medication.

Siblings in Queen Creek Schools

Name	Grade/Teacher
------	---------------

Name	Grade/Teacher
------	---------------

Name	Grade/Teacher
------	---------------

Name	Grade/Teacher
------	---------------



Queen Creek School District No.95

20217 East Chandler Heights Road, Queen Creek, Arizona 85142 Phone (480) 987-5935 Fax (480) 987-9714

MEDICATION ADMINISTRATION PROCEDURES

When it is essential to a child's health that he/she take medicine during school hours

In order for a student to receive medication during school hours:

1. Doctor's orders must be presented to the school.
2. Prescription drugs must be in the original pharmacy container, labeled with the student's name, date, medication, dose, time to be taken at school and length of treatment (ask the pharmacist to prepare a special container for school use.)
3. **Parent/legal Guardian Consent to Administer Medication** form must be signed and on file with the school nurse and/or health assistant. A release form is available through the health office.
4. Only the parent/legal guardian can bring the medication to school. Students are NOT allowed to transport medication EXCEPT an asthma inhaler and/or emergency EPI-pen, and the student's physician has signed that student is allowed to carry these medications.
5. Medication will be administered in the presence of the school nurse and/or health assistant, or in their absence, by the person designated by the school principal.
6. All over-the-counter and/or non-prescription medication must be approved by the Food & Drug Administration and come in original container with label and package directions. Only district approved OTC medication can be administered without a doctor's prescription. A physician's note will be required to give any over-the-counter and/or non-prescription medication for more than 3 days/month.

I authorize my child's health care provider to speak with the health office staff regarding my child's health and medication(s).

Student Name _____ Grade _____

Doctor's Name _____ Phone Number _____

Allergies _____

I give Queen Creek USD staff permission to administer the following medications to my child following package directions and physician standing orders. If medication is available in the health office. I also agree with the above QCUSD medication administration policy.

Choose either YES or NO for district approved medication (if available) to be given to your child:

YES / NO	Tylenol (acetaminophen)
YES / NO	Advil or Motrin (ibuprofen)
YES / NO	Anti itch cream (calagel, caladryl, cortisone cream)
YES / NO	Decongestant
YES / NO	Throat lozenge, cough drop
YES / NO	Benadryl (diphenhydramine HCL)
YES / NO	Neosporin (triple antibiotic cream)

Parent/Guardian signature

Date

**QUEEN CREEK UNIFORMED SCHOOL DISTRICT
2020-2021 POLICY ACKNOWLEDGEMENT SIGNATURE SHEET**

STUDENT NAME (PLEASE PRINT)

STUDENT ID NUMBER

GRADE

ARIZONA RESIDENCY GUIDELINE

By signing below, you are reaffirming that your Arizona Residency has remained the same as when you enrolled your student. Per A.R.S. § 15-802

PARENT/GUARDIAN SIGNATURE

FERPA

By initialing below you, acknowledge that you have access to read the Family Educational Rights and Privacy Act (FERPA) letter, **which is located online at www.qcUSD.org/registration**.

STUDENT INITIALS

PARENT/GUARDIAN INITIALS

CHILD FIND & ANNUAL NOTIFICATION TO PARENTS

By initialing below you acknowledge that you have access to read the Child Find letter and the Annual Notification to Parents, **which is located online at www.qcUSD.org/registration**.

STUDENT INITIALS

PARENT/GUARDIAN INITIALS

RELEASE OF DIRECTORY INFORMATION AND/OR PHOTOGRAPHING/VIDEOTAPING

By initialing below you acknowledge that you have access to read the Release of Directory Information and/or Photographing/Videotaping, **which is located online at www.qcUSD.org/registration**, and that you must contact the Registrar in writing within the first 10 days of school, refusal to allow use of directory information or photographing/videotaping of your child.

STUDENT INITIALS

PARENT/GUARDIAN INITIALS

USE OF TECHNOLOGY & ELECTRONIC INFORMATION SERVICES & EQUIPMENT

As the student, I have read and agree to abide by the School District policy and regulations (e.g. IJNDB and IJNDBR) on appropriate use of the electronic information system. I understand and will abide by the provisions and conditions indicated. I understand that any violation of the terms and conditions may result in disciplinary action and the revocation of my use of information services.

As the parent/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 materials acquired by use of the information services. I also agree to report any misuse of the information services to a School District administrator. I accept full responsibility for supervision if, and when, my child's use of the information services is not in a school setting. I hereby give my permission to have my child use electronic information services. **By signing below, we acknowledge that we have access to read and understand the Use of Technology & Electronic Information Services Equipment information, which is located in our family handbook online at www.qcUSD.org**.

STUDENT INITIALS

PARENT/GUARDIAN INITIALS

TEXTBOOK RESPONSIBILITY

Students are responsible for returning the EXACT book that was checked out to them. Non-matching barcodes will not scan to student's name, so credit will not be given to that student for non-matching returns. If barcodes have been defaced or removed, it is impossible to determine who a book has been checked out to; therefore, credit cannot be given for that book's return and student will be responsible for payment. It is the student's responsibility to check in their books in the same manner they were checked out to them. Do not leave them in a classroom, office, or given to someone else to be returned.

STUDENT INITIALS

PARENT/GUARDIAN INITIALS

ACKNOWLEDGEMENT OF STUDENT HANDBOOK

"I understand and consent to the responsibilities outlined in this handbook. I also understand and agree that my child shall be held accountable for the behavior and consequences outlined in the book at school and at school sponsored and school related activities, including school sponsored travel and for any school related misconduct, regardless of time and location. I understand that any student who violates the Student Code of Conduct shall be subject to disciplinary action, up to and including referral for criminal prosecution for violation of law. I understand that my child shall be accountable for abiding by all policies, rules and procedures for using electronic information services as outlined in this planner. Users who violate these policies, rules and procedures will be denied access to electronic information services and will be subject to disciplinary action. QCHS/EHS may log the use of all systems and monitor all system utilization. Accounts may be closed and files may be deleted at any time. QCHS/EHS is not responsible for any service interruptions, changes, or consequences". **By signing below, we acknowledge that we have access to read and understand the Student Handbook, which is located online at www.qchs.qcUSD.org (QCHS) or www.ehs.qcUSD.org (EHS).**

STUDENT INITIALS

PARENT/GUARDIAN INITIALS

2020-2021 School Year Acknowledgement of Receipt

This form is to be returned to the designated teacher within two (2) school days of the date it is received by the student. The Family Handbook can be found at www.qcusd.org

Please Print: Student Name: _____ Grade: _____

- ☐ Queen Creek Elementary
- ☐ Desert Mountain Elementary
- ☐ Jack Barnes Elementary
- ☐ Frances-Brandon Pickett Elementary
- ☐ Faith Mather Sossaman Elementary
- ☐ Silver Valley Elementary
- ☐ Katherine Mecham Barney Elementary

- ☐ Gateway Polytechnic Academy
- ☐ Queen Creek Junior High
- ☐ Newell Barney Junior High
- ☐ Queen Creek High School
- ☐ Eastmark High School
- ☐ Other _____

Family Handbook

Student and Parent/Guardian: I have been provided access to and/or received the Family Handbook. I acknowledge that I have been given the opportunity to read and review it with my child/parent/guardian. I understand that I am expected to comply with all provisions that apply to me. I understand that I may contact the school administration if I have any questions pertaining to the information in the Family Handbook.

Technology Acceptable Use Policy

Student: I have read and agree to abide by the Technology Acceptable Use Policy rules and guidelines. I understand that access to computers and internet resources is provided for educational purposes only and I must not use the technology resources to send or request offensive or illegal material. I understand that if I violate the rules and guidelines for technology resources, my access privileges may be revoked and school and/or legal action may be taken as a consequence.

Parent/Guardian: I have read the Technology Acceptable use Policy rules and guidelines. I understand that school access to computers and internet resources is provided for educational purposes only. While the District has taken precautions to minimize access by students to inappropriate material, I understand that is impossible for the District to completely restrict access to such material and will not hold the District responsible if my child accesses such material either directly or indirectly. I hereby give permission to the District to permit my child to use District owned computer and internet access.

Student Violence/Harassment/Intimidation/Bullying/Hazing Policies:

Student and Parent/Guardian: I have read the information, including what is related to Student Violence, Harassment, intimidation, Bullying, and Hazing, in the Family Handbook and understand the consequences for violating these policies.

Equal Educational Opportunities:

Student and Parent/Guardian: I understand that in accordance with Governing Board Policy JB – Equal Educational Opportunities – the rights of a student to participate fully in classroom instruction shall not be abridged or impaired because of race, color, religion, sex, age, national origin, and disability or any other reason not related to the student's individual capabilities.

Bus Rules and Consequences

Student and Parent/Guardian: I have been provided access to and/or received the District Family Handbook where the rules and consequences for bus behavior are described. I acknowledge that I have been given the opportunity to read and review the bus rules and consequences with my child/parent/guardian. I understand that I am expected to comply with all provisions that apply to me whenever I am a passenger in District-provided transportation. I understand that I may contact the Director of Transportation or the school administrator if I have any questions pertaining to the information in the Family handbook.

Posted on all QCUSD

Buses Follow These

Rules:

1. Observe same conduct as in the classroom
2. Be courteous. No yelling, screaming or profane language
3. Be at pick-up location on time. No running, pushing or shoving on bus or off the bus
4. Do not eat or drink on the bus. Water bottles, used appropriately, are allowed
5. Remain seated while the doors of the bus are closed
6. Do not vandalize the bus. Skateboards, longboards, and scooters are not allowed on the bus
7. The driver or aide is authorized to assign seats. Follow the direction of the driver or aide at all times
8. Stay sitting in your seat, facing forward
9. Keep all body parts and objects inside the bus and to yourself. Do not throw items in or out of the bus
10. No glass bottles, pets, insects, reptiles, weapons, chemicals, or drugs/alcohol/tobacco are allowed on the bus

My signature below attests that I have been provided access to and/or received a copy of the Family Handbook Technology guidelines, Hazing Policy, Student Violence Policy, Bus Rules and Regulations, and the Equal Educational Opportunity Policy of Queen Creek Unified School District. I have been provided the opportunity to read and review them with my child/parent/guardian. Failure to sign this form does not preclude students from the responsibilities and/or consequences outlined in the Family Handbook.

Parent/Guardian Signature

Date

Student Signature

Date