



2020-2021 Enrollment Packet Checklist

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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YOU MUST BRING THE FOLLOWING DOCUMENTS WITH YOU AT THE TIME OF REGISTRATION. THE REGISTRATION PROCESS CANNOT BE COMPLETED UNLESS WE HAVE ALL THE FOLLOWING DOCUMENTS:

- Proof of Address (use Arizona Residency Documentation Form)
- Immunization Record
- Official Birth Certificate (copies will not be accepted)
- Withdrawal Form from Previous School
- Parent/Guardian Photo ID

Your enrollment packet includes the following forms to be completed and returned to the school office:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Enrollment Form Parts 1-2 <input type="checkbox"/> Authorization for Release / Request for Student Records <input type="checkbox"/> Health History <input type="checkbox"/> Student Services Questionnaire | <ul style="list-style-type: none"> <input type="checkbox"/> McKinney-Vento Eligibility Questionnaire <input type="checkbox"/> PHLOTE Home Language Survey <input type="checkbox"/> Arizona Residency Documentation Form <input type="checkbox"/> 506 Form (if applicable) |
|--|---|

Please indicate your preference for enrollment in the Laveen District Schools by numbering (1-3), with 1 being your first school of choice. This will assist us, if first choice is not available:

_____ Laveen Elementary School	_____ Trailside Point School
_____ Maurice C. Cash Elementary School	_____ Desert Meadows School
_____ Vista del Sur Accelerated Academy (Entrance Exam)	_____ Rogers Ranch School
_____ Cheatham Elementary School	_____ Paseo Pointe School (Dual Language Immersion)
_____ Estrella Foothills Global Academy	

I understand that request for enrollment in the Laveen District School of Choice will be contingent upon available space for the given year. Providing false information may result in enrollment being denied or admission revoked.
****Special Education students will be considered for placement based on individual needs of students, schools, and/or program availability and class composition.**

If not eligible for bus services, transportation is the responsibility of the parent or legal guardian.

Parent/Guardian Signature: _____

Date: _____

DISTRICT OFFICE USE ONLY

Date/Time Received:	<input type="checkbox"/> Sibling <input type="checkbox"/> Walk Zone <input type="checkbox"/> Employee <input type="checkbox"/> Within <input type="checkbox"/> OOD
School # Assigned:	Date:



New Student Enrollment Form – PART 1

REV 01/16/2020

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name		Student's First Name		Student's Middle Name		Jr, III, IV, etc	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
What language would you prefer school-to-home communication? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		Date of Birth (MM/DD/YYYY)	Age	Birth City		Birth State	Birth Country	
Ethnicity: (CHECK ONE) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NOT Hispanic/Latino			Race: (Check ONE or MORE, regardless of ethnicity) <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> *American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander					
*If American Indian or Alaska Native, list Tribe Affiliation:		Tribal Affiliation Documents: <input type="checkbox"/> CDIB (Certificate Degree of Indian Blood) <input type="checkbox"/> 506 (must include enrollment number)			Is the student's address on the Gila River Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Student's Primary Home Address (REQUIRED):				City		State		Zip
Student's Mailing Address (if different from Home Address)				City		State		Zip
Primary Phone Number (REQUIRED): <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				Secondary Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				

PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION

Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father					
Last Name, First Name (as it appears on Driver's License)				Email Address			
Date of Birth (MM/DD/YYYY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Home Address, City, ST Zip <input type="checkbox"/> Same as Student					
Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Military Status(Optional): <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired							Branch: _____
Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father					
Last Name, First Name (as it appears on Driver's License)				Email Address			
Date of Birth (MM/DD/YYYY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Home Address, City, ST Zip <input type="checkbox"/> Same as Student					
Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Military Status(Optional): <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired							Branch: _____
Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father					
Last Name, First Name (as it appears on Driver's License)				Email Address			
Date of Birth (MM/DD/YYYY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Home Address, City, ST Zip <input type="checkbox"/> Same as Student					
Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Military Status(Optional): <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired							Branch: _____

LIST SIBLINGS ATTENDING ANY SCHOOL WITHIN LAVEEN DISTRICT

Last Name, First Name	School	Grade
Last Name, First Name	School	Grade
Last Name, First Name	School	Grade

OTHER STUDENT INFORMATION

Name of Previous School and District Attended:	Withdrawal Date (MM/DD/YYYY)	Previous School (City, ST, Zip, Phone, Email)	Has your child been identified for Gifted Services? <input type="checkbox"/> No <input type="checkbox"/> Yes
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I hereby certify that I am the child's parent or legal guardian and that the information I have given above is true and correct to the best of my knowledge and belief and hereby authorize the release of academic, health, behavioral, and psychological records for the above child. Also, that by providing my cell phone number and email address I'm opting into school notifications. I understand it is my responsibility to notify the school in writing of any changes and that I may unsubscribe from non-critical school notifications at any time during the school year.

Parent/Guardian Signature: _____ Date: _____

SCHOOL OFFICE USE ONLY

Proof of Residency:		Immunization: Yes <input type="checkbox"/> Exempt	Birth/Name Verification:		CTDS: 07-04-59	School #:	State ID#:
Start (Enter) Date	Date Entered in SIS	Enter Code	Grade	Teacher	School Student ID #:	Entered into SIS by:	



New Student Enrollment Form – PART 2

REV 01/26/17

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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LEGAL DOCUMENTS

Please mark any items that apply to this student, and provide the school with copies of related documents:

- | | |
|---|--|
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Guardianship for Court-Appointed Guardian |
| <input type="checkbox"/> Department of Economic Security Report | <input type="checkbox"/> Custody/Parenting Time Agreement |
| <input type="checkbox"/> Order of Protection Against: | <input type="checkbox"/> Other: |

STUDENT BACKGROUND INFORMATION

Has the student ever been retained? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, at what grade level?	Has the student ever attended another school in AZ? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, which school/district?
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Has the student ever attended any of the Laveen District Schools listed below: No Yes If Yes, indicate school with Year and Grade attended:

Laveen Elementary	Year:	Grade:	Trailside Point	Year:	Grade:
M. C. Cash Elementary	Year:	Grade:	Desert Meadows	Year:	Grade:
Vista del Sur Accelerated	Year:	Grade:	Rogers Ranch	Year:	Grade:
Cheatham Elementary	Year:	Grade:	Paseo Pointe	Year:	Grade:

DISCIPLINE INFORMATION – SUSPENSION/EXPULSION

Has this student ever been suspended from school? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Date, Reason, School/District:
Has this student ever been expelled from school? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Date, Reason, School/District:
Has either action ever been recommended for this student? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Date, Reason, School/District:

TRANSPORTATION QUESTIONNAIRE

Student's A.M. Transportation (To School):	Student's P.M. Transportation (From School):
<input type="checkbox"/> *Bus <input type="checkbox"/> Parent <input type="checkbox"/> Walk <input type="checkbox"/> Kids Klub <input type="checkbox"/> Bike <input type="checkbox"/> Daycare: _____	<input type="checkbox"/> *Bus <input type="checkbox"/> Parent <input type="checkbox"/> Walk <input type="checkbox"/> Kids Klub <input type="checkbox"/> Bike <input type="checkbox"/> Daycare: _____

* If eligible, you will be provided with time and location, along with the Bus Rules, which must be signed and returned to the Bus Driver. Student Transportation Services are a privilege and not a right. LESD may withdraw bus privileges to any student that fails to follow the Bus Rules or follow directions of the Bus Driver or other adult supervisor.

STUDENT EMERGENCY CONTACTS: PERSONS OTHER THAN PARENT/GUARDIAN

If my child is being sent home or must leave school and I am unavailable, I authorize the following persons to assume temporary custody of and responsibility for my child. I understand that if the name of the person picking up my child does not appear on this list or the person does not have a photo ID, my child will not be released from school to that person.

Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+	Last Name, First Name (as it appears on Driver's License)		Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+	Last Name, First Name (as it appears on Driver's License)		Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+	Last Name, First Name (as it appears on Driver's License)		Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+	Last Name, First Name (as it appears on Driver's License)		Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+	Last Name, First Name (as it appears on Driver's License)		Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

I affirm all information on this form is accurate, I understand it is my responsibility to notify the school in writing of any changes, and I have read and understand the information provided to me in this enrollment form.

Parent/Guardian Signature:

Date:



Authorization for Release of and Request for Student Records

REV 01/26/17

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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PREVIOUS SCHOOL ATTENDED INFORMATION

Name of Previous School Attended:		Name of District:		
Address		City	State	Zip
Phone	Fax	Email		

Please forward the following cumulative information and records for the student names above to the school and address indicated below, except special education records:

- All Transcripts
- Report Cards
- Test Scores
- English Language Learner Records
- Immunization/Health Records
- Gifted Records
- Withdrawal Forms
- Discipline Records
- Birth Certificate / Passport / Baptismal Certificate and/or Application for Social Security Number

STUDENT ENROLLED AT THE FOLLOWING LAVEEN DISTRICT SCHOOL: (CHECK ONE)

- | | | |
|---|---|---|
| <input type="checkbox"/> Laveen Elementary
4141 W. McNeil Street, Laveen, AZ 85339
(602) 237-9110 Ext. 3103 / (602) 237-9134 (fax) | <input type="checkbox"/> Trailside Point School
7275 W. Vineyard Road, Laveen, AZ 85339
(602) 605-8540 Ext. 3503 / (602) 605-8545 (fax) | <input type="checkbox"/> Estrella Foothills Global Academy
5400 W. Carver Laveen, AZ 85339
(602) 304-2050 Ext. 3903 / (602) 304-2055 (fax) |
| <input type="checkbox"/> Maurice C. Cash Elementary School
3851 W. Roeser Road, Phoenix, AZ 85041
(602) 237-9120 Ext. 3203 / (602) 237-9133 (fax) | <input type="checkbox"/> Desert Meadows School
6855 W. Meadows Loop East, Laveen, AZ 85339
(602) 304-2020 Ext. 3603 / (602) 304-2025 (fax) | |
| <input type="checkbox"/> Vista del Sur Accelerated Academy
3908 W. South Mountain Avenue, Laveen, AZ 85339
(602) 237-3046 Ext. 3303 / (602) 237-1976 (fax) | <input type="checkbox"/> Rogers Ranch School
6735 S. 47 th Avenue, Laveen, AZ 85339
(602) 304-2030 Ext. 3703 / (602) 304-2035 (fax) | |
| <input type="checkbox"/> Cheatham Elementary
4725 W. South Mountain Avenue, Laveen, AZ 85339
(602) 237-7040 Ext. 3403 / (602) 237-3376 (fax) | <input type="checkbox"/> Paseo Pointe School
8800 S. 55 th Avenue, Laveen, AZ 85339
(602) 304-2040 Ext. 3803 / (602) 304-2045 (fax) | |

SPECIAL EDUCATION RECORDS FOR ALL SCHOOLS TO:

Laveen Elementary School District
 ATTN: Student Support Services
 5001 W. Dobbins Road, Laveen, AZ 85339
 (602) 237-9100 Ext. 3059 / (602) 237-9130 (fax)
 spedrecords@laveeneld.org

I, PARENT/GUARDIAN, AUTHORIZE THE RELEASE OF STUDENT'S RECORDS LISTED ABOVE TO THE LAVEEN ELEMENTARY SCHOOL DISTRICT

Parent/Guardian Signature:

Date:

SCHOOL OFFICE USE ONLY

1 st Request: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Requested By:
2 nd Request: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Requested By:
3 rd Request: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Requested By:

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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MEDICAL HISTORY

Please mark any items that apply to this student:

- | | |
|--|--|
| <input type="checkbox"/> Allergies (circle one): Seasonal / Hay Fever
<input type="checkbox"/> Allergy to medication: _____
<input type="checkbox"/> Allergy (food): _____
<input type="checkbox"/> Allergy to food from above line is documented and requires a dietary accommodation.
<input type="checkbox"/> Arthritis
<input type="checkbox"/> Asthma
<input type="checkbox"/> Attention Deficit Disorder/Hyperactivity
<input type="checkbox"/> Behavior Problems
<input type="checkbox"/> Birth Defects
<input type="checkbox"/> Bleeding Disorder
<input type="checkbox"/> Cancer/Leukemia
<input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Chest/Lung Disease
<input type="checkbox"/> Diabetes (circle one): Type 1 / Type 2
<input type="checkbox"/> Eating Disorder
<input type="checkbox"/> Gastrointestinal Issues
<input type="checkbox"/> Genitourinary Issues
<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Migraines
<input type="checkbox"/> Neurological Disorder
<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Psychiatric Disorder
<input type="checkbox"/> Seizures (Epilepsy): Date of last known seizure: _____
<input type="checkbox"/> Other: _____ |
|--|--|

HEARING HISTORY

Please mark any items that apply to this student:

- | | |
|---|---|
| <input type="checkbox"/> Hearing Aid: Left / Right / Both
<input type="checkbox"/> Chronic Ear Infections: Left / Right / Both | <input type="checkbox"/> Known Hearing Loss: Left / Right / Both
<input type="checkbox"/> Tubes in ears: Left / Right / Both |
|---|---|

VISION HISTORY

Please mark any items that apply to this student:

- | | |
|---|---|
| <input type="checkbox"/> Color Deficiency
<input type="checkbox"/> Known Vision Loss | <input type="checkbox"/> Wears Contacts
<input type="checkbox"/> Wears Glasses |
|---|---|

MEDICATION

 Is your child on daily medication: No Yes

If yes, please specify: _____

Schools do not provide any medications. Parent must provide medication and complete a Medication Administration Form for any medications administered at school during the school year. Students must not carry medication on campus unless authorization is granted through the school health office. All medication brought to the health office must be transported by an adult.

OTHER HEALTH INFORMATION

Physician Name:	Physician Phone:	Hospital:
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Surgeries/Hospitalizations: _____

Other Health Information: _____

 Student has insurance? Yes No

 Do you give consent to the school to provide care and treatment for minor injuries and illnesses to your child? Yes No

Phone number: _____

I, undersigned, do hereby authorize the school officials of Laveen School District No. 59 to contact the person(s) on the student's emergency contact list in case I cannot be reached. In case of emergency and the parents are not able to be contacted, I authorize the Laveen School District No. 59 officials to take whatever necessary action for health and safety of said child.
 I will not hold Laveen School District No. 59 responsible for any emergency care or transportation of said child.

Parent/Guardian Signature: _____

Date: _____



Student Services Questionnaire

REV 01/26/17

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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SPECIAL EDUCATION INFORMATION

Was your student receiving special education services or 504 accommodations at their previous school?

No If No, please leave blank below. **Yes** If Yes, please complete remainder questionnaire.

SELECT SPECIAL EDUCATION SERVICES RECEIVED OR 504 ACCOMODATIONS RECEIVED:

<input type="checkbox"/> Autism	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Mild Mental Retardation	<input type="checkbox"/> Severe Mental Retardation	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Emotional Disability	<input type="checkbox"/> Moderate Mental Retardation	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> 504 Plan: _____
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Speech/Language Impairment	<input type="checkbox"/> Other: _____

PREVIOUS SCHOOL ATTENDED INFORMATION

Name of Previous School Attended:		Name of District:	
Address	City	State	Zip
Phone	Fax	Email	

STUDENT AND PARENT INFORMATION

Student's Primary Home Address	City	State	Zip
Parent Name	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		

Do you have a copy of the current IEP or 504 Plan? Yes No Do you have a copy of the current Psychological Evaluation Report (MET)? Yes No

If you have copies of the current IEP and MET Report, please provide a copy to the school or Student Services office located at the Laveen Education Center.

I hereby certify that I am the child's parent or legal guardian and that the information I have given above is true and correct to the best of my knowledge. I hereby authorize the release of special education records for the above child.

Parent/Guardian Signature: _____ Date: _____

SCHOOL OFFICE USE ONLY

School#:	State ID#:	Student ID:
Sent to Student Services by:		Date:

PLEASE PRINT, ALL INFORMATION IS REQUIRED:

Name of School		Student ID
Student First Name	Student Middle Name	Student Last Name
Date of Birth (MM/DD/YYYY)	Grade	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

THIS QUESTIONNAIRE IS INTENDED TO ADDRESS THE MCKINNEY-VENTO ACT 42 U.S.C. 11435

Permanent Housing: Is this student living in a housing situation that is...

- ...fixed (stationary/not subject to change) Yes No
- ...regular (used on a nightly basis) Yes No
- ...adequate (meets physical and psychological needs typically met in home environments) Yes No

Unaccompanied Youth: Is this student currently living with a parent or legal guardian? Yes No

If you answered **YES to ALL** of the above, **please stop here.**

If you answered **NO to ANY** of the above, please complete the remainder of this form.

<p>Temporary Housing: If this student is NOT residing in a fixed, regular, and adequate nighttime situation, where is the student presently living? (Check one box)</p> <p><input type="checkbox"/> In a Motel</p> <p><input type="checkbox"/> In a Shelter or Transitional Housing Program</p> <p><input type="checkbox"/> Temporarily with another family in their home due to a lack of alternatives</p> <p><input type="checkbox"/> In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite</p> <p><input type="checkbox"/> In a form of foster care that is not presently considered fixed, regular, and adequate.</p>		
Check One	Parent/Legal Guardian First Name	Parent/Legal Guardian Last Name
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian		
Address		Zip
		Phone (include area code)
<p>Unaccompanied Youth: Provide the name and contact information for the person who maintains care, custody, and control of this student: <input type="checkbox"/> DCS <input type="checkbox"/> Other</p>		
Caregiver/Host First Name		Caregiver/Host First Name
Address of where student will be living		Zip
		Phone (include area code)
Emergency Contact Information of Parent/Guardian/Other		
First Name	Last Name	Phone (include area code)
<p>I have received a copy of the "Rights of Children and Youth Experiencing Homelessness" policy: Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>My signature below affirms the information provided here is true to the best of my knowledge. Parent/Legal Guardian/Other:</p>		Date:

School Personnel: Please scan and send to Laveen School District McKinney-Vento Liaison

<p>Liaison: I certify the above name student is <input type="checkbox"/> eligible or <input type="checkbox"/> ineligible for services under the McKinney Vento Homeless Assistance Act.</p>		
Date	McKinney-Vento Liaison Signature	
<input type="checkbox"/> Synergy – Student Needs/Programs	<input type="checkbox"/> Child Nutrition notified	Date:



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?

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

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

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	Laveen Elementary School District
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)



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School _____

School District or Charter Holder Laveen Elementary School District

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.



State of Arizona
Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: ___Laveen Elementary School District___

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 ___Maricopa___

The foregoing was acknowledged before me this ___ day of _____, 20___,

By _____

My Commission Expires: _____

Notary Public

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ___child ___child's parent ___child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335