

## **Enrollment Packet – Elementary School**

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Enrollment Procedures

Enrollment Form

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# PEORIA UNIFIED SCHOOL DISTRICT #11

## Elementary Enrollment Procedures for Students New to the District

Parent/Guardian must supply the following items for all students upon enrollment:

- Proof of residency:** In order to register your student in the Peoria Unified School District, the parent or guardian must provide one(1) piece of documentation indicating the place of residency. Complete Arizona Residency Documentation Form.
- Immunization Records:** All students entering Arizona public schools are required by law to be immunized prior to the start of classes. Proof of immunizations or signed waiver is required at the time of enrollment and must include the name of the person, the birth date, the type of vaccine administered, and the month, day and year of each immunization. Immunizations are available at no cost through the Maricopa County Health Department. Do call the Immunization Hotline at 602-263-8856 for dates and locations.
- Birth Certificate:** This certificate is used to verify the correct legal name and birth date. In compliance with federal, state, and district guidelines, all students are enrolled using the legal name on the student’s birth certificate UNLESS there has been a court-ordered name change and a photocopy of the name change has been provided at enrollment. (You have 30 days to provide a certified copy of the birth certificate or other reliable proof of identity with an affidavit explaining why you can’t provide a birth certificate is acceptable.) ARS 15-828
- Withdrawal Form:** Please present withdrawal form from most recently enrolled school.
- Legal guardianship or custody papers:** Are necessary, if applicable to this student based on the following scenarios:
  - If an adoption has taken place, it is reflected with an amended birth certificate, and student lives with adoptive parents as listed on the amended birth certificate, that is sufficient.
  - If student lives with **one custodial parent as the result of a divorce.**
  - If the **student lives with anyone else**, i.e. grandparents, aunt, uncle, sibling, friends or other relatives. **We must have a photocopy of the court papers granting guardianship within 30 days of enrollment.**
- Individualized learning plans, evaluations, and other related documents:** Students who are presently receiving special services (special education, gifted, ELL, 504) are encouraged to provide copies of these documents upon enrollment.
- Homeless Education Assistance Survey:** You must complete the McKinney-Vento Homeless Education Survey to determine eligibility for potential services as a homeless individual.

Step 1	Paperwork for enrollment is completed and checked and necessary copies will be made by school personnel.
Step 2	Student and parent(s) may request to meet with an administrator to discuss attendance policy, dress code, discipline policy, etc.
Step 3	High School student and parent(s) will meet with a counselor to select classes and create a schedule for the balance of the school year. Elementary schools will assign a homeroom and teacher.
Step 4	Student and parent(s) may request to meet with school nurse in the Health Office.
Step 5	High school student photo ID’s will be taken at the bookstore, necessary class or lab fees will be paid, physical education uniforms will be purchased, if necessary, and yearbooks may be purchased, if desired.
Step 6	Student(s) may begin school the day of enrollment.

**PEORIA UNIFIED SCHOOL DISTRICT #11  
STUDENT ENROLLMENT FORM**



**STUDENT INFORMATION**

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Legal Last Name:** \_\_\_\_\_  
**Student Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Gender:**  Male  Female      \* **Ethnicity:** (mark only one)  Hispanic or Latino  Not Hispanic or Latino  
**Date of Birth:** \_\_\_\_\_      \* **Race:** (mark all that apply)  White  Black or African American  American Indian or Alaskan Native  
 Asian  Native Hawaiian or other Pacific Islander  
**Telephone # ( )** \_\_\_\_\_ **State of Birth:** \_\_\_\_\_ **Country of Birth:**  USA  Other:  
**What is the primary language of the student?** \_\_\_\_\_ **Grade:**  PS  KG  1  2  3  4  5  6  7  8  9  10  11  12  
**School Last Attended:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Telephone#( )** \_\_\_\_\_  
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?  
**Has your child ever received any of the following:**  
**Special Education Services**  Yes  No      **Gifted Services**  Yes  No      **504 Plan Services**  Yes  No      **ELL Services**  Yes  No  
**Is the student under refugee status?**  Yes  No  
**Country:** \_\_\_\_\_ **I-94 Number:** \_\_\_\_\_  
**Country where the student was born?** \_\_\_\_\_  
**Has the student attended U.S. school for more than 3 years?**  Yes  No  
**If yes, how many years in the U.S. schools?** \_\_\_\_\_  
**Are any family members engaged in agriculture related employment?**  Yes  No

**PARENT/GUARDIAN INFORMATION**

**Mother's Information:**  
**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Home Phone:** ( ) \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_  
**Place of Employment:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_  
**Father's Information**  
**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Home Phone:** ( ) \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_  
**Place of Employment:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_  
**Legal Guardian/Other Information:**       **Legal Guardian**       **Step Parent**       **Other:** \_\_\_\_\_  
**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Home Phone:** ( ) \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_  
**Place of Employment:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_  
 Please do not send me District information via email.  
**Custody of Student:**       Joint       Mother       Father       State       Temporary       Other  
**Student lives with:**       Both Parents       Mother       Father       Guardian       Foster       Other  

SCHOOL USE ONLY	
<input type="checkbox"/> Custody Papers	
<input type="checkbox"/> Other Documentation	

**EMERGENCY INFORMATION**

**Persons to contact, other than parent, if child becomes ill:**  
**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone Number:** ( ) \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone Number:** ( ) \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_

I certify, by my signature, that I am either the parent or guardian of the above student and that the above information is true, accurate, and up to date. Also, I hereby grant the Peoria Unified School District staff permission, in an emergency, to take my child to the closest emergency center for treatment in the event that I cannot be reached. It is understood that the nurse will try to reach the parent(s) and other persons listed above before arranging for transportation to an emergency facility. \*Ethnicity/Race Reporting Details on the following page.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SCHOOL USE ONLY**

Student Enter Date:	Student Enter Code:	Grade:	Teacher/Counselor:	Room:
Variance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation:	Tuition Type:	Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Immunization Record: <input type="checkbox"/> Yes <input type="checkbox"/> No
Student Perm ID #:	SAIS ID#:	Prev. School CTSD#:	Prev. School Student ID:	
Date Entered Into SIS:	Entered By:			



State of Arizona

## Department of Education Information Technologies Department

Student Details  
Ethnicity/Race Reporting Changes for FY11  
Business Requirements

Version: Approved  
Last Updated 10/1/2009

### 1 **PURPOSE:**

Federally mandated Ethnicity/Race reporting changes for FY11, with an effective reporting date of 1 July 2010, will have six categories versus the present five. Additionally, the ethnic identification of a student as Hispanic or Latino is a separate classification from race. More than once race will also be selectable, as opposed to the current single selection.

### 2 **BACKGROUND:**

The Department of Education's 2007 guidance on collecting, maintaining, and reporting data by race or ethnicity requires the use of a two-part question supplanting data collection criteria in place since 1977. The first part of the question asks about the broad category of ethnicity e.g. Hispanic or Latino or Not Hispanic or Latino, while the second part asks about the more narrow divisions of race e.g. White, Black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander.



**McKinney-Vento Homeless Education Assistance  
Improvements Act of 2001**

**Eligibility Survey**

*(All information on this form is confidential.)*

Dear Parent/Guardian:

The purpose of this survey is to determine eligibility for potential services under the McKinney-Vento Homeless Education Assistance Improvements Act of 2001. If your family is currently residing in any of the following, **please complete one form for each student registering.**

*In the event the child is not staying with his/her parent(s) or guardian(s), use the "Caregiver's Authorization Affidavit" to address guardianship issues.*

**Section A**

Presently, where does the student stay at night?

- |   |  |
|---|--|
| <input type="checkbox"/> in a shelter     | <input type="checkbox"/> with more than one family in a house or apartment because the family does not have a place of its own |
| <input type="checkbox"/> in a motel/hotel | <input type="checkbox"/> with friends or family members(other than parent/guardian)  |
| <input type="checkbox"/> in a car         | <input type="checkbox"/> at a campsite   |

**\*\*\*\*If you did not check a line above, you do not need to complete Section B\*\*\*\***

**Section B**

School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Home or other phone: Total number of persons in household: \_\_\_\_\_

I, (name) \_\_\_\_\_ declare as follows:

1. I am the parent/legal guardian of \_\_\_\_\_ who is of school age and is seeking admission to Peoria School District.
2. I am not the parent/legal guardian of \_\_\_\_\_, who is of school age and is seeking admission to Peoria Unified School District.
  - a. My date of birth: \_\_\_\_\_
  - b. My driver's license number and state or an identification card (type and number).
3. Since (date) \_\_\_\_\_ our family has not had a permanent home.

**Signature**

**Date**



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)

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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?**

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**2. What is the language most often spoken by the student?**

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**3. What is the language that the student first acquired?**

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Student Name:

Student ID:

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Date of Birth:

SAIS ID:

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Parent/Guardian Signature

Date:

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District or Charter:

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School:

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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.



State of Arizona  
9/22/2011

## 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.)



State of Arizona

**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.**





State of Arizona

To be completed by parent(s) or guardian

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

School Name: \_\_\_\_\_

School District: \_\_\_\_\_

Parent/Guardian Name (PRINT): \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

House number and street address \_\_\_\_\_ Apartment number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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 (noted above) or physical description of the property where the student resides:

- 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.)

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. **\*NOTE if this box is checked, this document must be accompanied by the Affidavit of Shared Residence form.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

ARIZONA DEPARTMENT OF EDUCATION  
Arizona Residency Documentation Form  
Affidavit of Shared Residence



State of Arizona

I 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 (Indicate first and last name of every person):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of my residence:

House number and street address

Apartment number

City

State

Zip Code

I submit in support of this attestation a copy of the following document that displays my name and current residence address (noted above) or physical description of my property:

- 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.)

Printed Name of Affiant:

\_\_\_\_\_

Signature of Affiant:

\_\_\_\_\_

**NOTARY ACKNOWLEDGEMENT**

State of Arizona, County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_.

Notary Public Signature

Seal

My Commission Expires



# SPECIAL PROGRAM SERVICES INFORMATION SURVEY

Parents or guardians of students should complete this form at time of enrollment:

In order to provide continuity in the educational environment, it is important that we are informed of any special education services previously received by your child. Please complete the following form and feel free to add any comments in the space provided below.

Student Name:

First

Middle

Last

Previous School

Has your son/daughter ever had any Special Program Services provided for him/her at a previous school?  Yes  No

Has your son/daughter ever been tested for Special Program Services while at a previous school?  Yes  No

Have you ever signed an individualized Education Plan (IEP) that provides for Special Program Services for your son/daughter?  Yes  No

If yes, please indicate previous school and approximate date the most recent IEP was written

Has your son/daughter received any special program services in the past but is no longer in need of these services?

Yes  No

Please check the special programs that your student has participated in:

- Gifted and honors** classes
- Specific learning disability (tutoring or resource room support)
- Speech and language therapy
- Multiple disabilities
- Orthopedic impairment (Physical or Occupational Therapy or Adaptive PE)
- Other health impairment
- Hearing impairment
- Visual impairment
- Emotional disability, self-contained classroom
- Emotional disability, resource room support
- Traumatic brain injury
- Section 504 Accommodation Plan
- English as Second Language** Program/Bi-lingual resource)
- Other or comments

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Parent/Guardian Signature

Date



## ACCEPTABLE USE OF SCHOOL COMPUTERS

Acceptable use of the electronic information services requires that the use of these resources be in accordance with the following guidelines and support the educational goals of the Peoria Unified School District.

The user must:

- Use the computer system for educational purposes only.
- Agree not to submit, publish, display, or retrieve/download any inappropriate material, including material that is defamatory, abusive, obscene, profane, and gang-related, sexually threatening, racially offensive or illegal.
- Not attempt to harm, modify without system administrator approval, gain unauthorized access to district systems or data, destroy software, or interfere with system security.
- Notify a system administrator if a password is lost or stolen, or if there is reason to believe that someone has obtained unauthorized access to the system.
- Not use the network in a way that would disrupt the use of the network by others.
- Understand that e-mail on networks should not be considered absolutely secure or private.
- Not reveal home addresses or personal phone numbers over the computer system.
- Not use the computer system to make any unauthorized purchases or to conduct a non-approved business.
- Abide by all copyright regulations, thereby refraining from illegally copying copyrighted software.
- Follow all District Policies and Student Handbooks as written.

The use of computing resources in the Peoria Unified School District is a privilege, not a right. Any action by a user specifically delineated in the document or determined by a system administrator to constitute an inappropriate use of a computer system or network system is subject to consequences.

Depending on the seriousness of the user's offence, consequences will be administered as stipulated in the PUSD handbook, PUSD Student Discipline code, and/or District Policies. Users will also be subject to all applicable laws.

**I understand and will abide by the above terms and conditions of this acceptable use policy, and will use computer and electronic resources for curricular purposes only. I further understand that any violation of this agreement is unethical and may constitute a criminal offense and may result in civil liability to me and my parents or guardians, if I am under age 18. Should I commit any violation, I am subject to consequences of the school and district disciplinary code and of state and federal law.**

I have read, understand, and support the guidelines for Internet use.

My child **has** permission to use the Internet.

My child **does not** have permission to use the Internet.

USER NAME (PRINT): \_\_\_\_\_

USER SIGNATURE (SIGN): \_\_\_\_\_

TEACHER'S NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE



# PHOTO & VIDEO RELEASE FORM

Student Name:	Parent/Guardian Name:
Student Address:	Phone Number:
City, State, Zip Code:	

**Background:** During the school year students may be photographed, recorded or filmed by Peoria Unified School District staff or other approved individuals, including the news media, while participating in school programs and activities. Students may also create schoolwork and/or other intellectual property, such as artwork, essays, and poetry (“creative work”) as part of the educational process.

**Purpose:** The purpose of this Photo and Video Release is to identify those families who **do not** consent to give the Peoria Unified School District permission and authority to use and/or publish you and/or your child’s name, image, and/or creative works to further the district’s educational mission. The district is asking that all parents/guardians sign and return this form. **If you do not sign or return this form, the district will assume you are granting permission to participate in pictures, videos or other promotional opportunities.**

**Consent and Release:**

The district may use, release, and/or publicize my and/or my child’s name, image (in any form), and creative work through any medium whatsoever, including, but not limited to, the internet, written publication, and broadcast for any educational, editorial, promotional, business or other purpose without prior notice or compensation. The district may exercise its rights as it deems appropriate for its productions, for advertising, and for other purposes. By signing below, I intend for the district to rely upon this Release; and

I agree to release, not to sue, and to indemnify and hold the district harmless for, from and against any and all injuries, claims, demands, damages, actions, causes of action, suits or judgments of any kind or nature whatsoever (including attorneys’ fees and other costs in the defense of any such claim or suit) brought by myself or on behalf of myself or my child as a result of any claim, loss, damage, or injury to any persons or property arising out of or in any way relating to any action, inaction, or participation in any video or photographic production of the district.

I **do** consent to the above.  I **do not** consent to the above.

\_\_\_\_\_  
**Student Signature (if over 18)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian PRINTED NAME**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**  
(Required for all students under 18)

\_\_\_\_\_  
**Date**



State of Arizona

October 20, 2011

In accordance with A.R.S. §15-142 (Laws 2010, Chapter 302), Arizona school districts and charter schools are required to release pupil directory information, if the school district or charter school releases directory information, by October 31 of each year. The Arizona Department of Education is required to develop a model form to be provided to pupils to request that directory information not be provided pursuant to the Elementary and Secondary Education Act as reauthorized by the No Child Left Behind Act of 2001.

In accordance with federal law, if a school district or charter school makes directory information available for the purposes of informing students of available educational or occupational opportunities, the district or charter school must make the same information available to official military recruiters on the same basis, unless the student (if eligible) or the student's parent or guardian requests that the information be withheld.

In cooperation with the Arizona School Boards Association (ASBA), the department has determined that a school district or charter school operator that has adopted a student directory information policy based on ASBA model policy document JR-R, and has made available to parents and students an opt-out form based on ASBA model form J-7082, is in compliance with A.R.S. §15-142. For those school districts and charter schools that have not, the attached form is available for your use in complying with statutory requirements.

Should you have any questions regarding this requirement, please contact Chris Kotterman, Deputy Director of Policy Development and Government Relations, at [Christopher.Kotterman@azed.gov](mailto:Christopher.Kotterman@azed.gov), or contact ADE by phone at 602-542-5393.





State of Arizona

During the school year, school district or charter school staff members may compile non-confidential student directory information specified below.

According to state and federal law the below-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. If the district governing board or charter school governing body permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the district or charter operator is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. If you do not object to the release of any and all of the below-designated information in writing, then the district/charter operator must provide military recruiters, upon request, directory information containing the student's names, addresses, and telephone listings.

If you do not want PEORIA UNIFIED SCHOOL DISTRICT #11 to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing within two (2) weeks of receiving this form, or October 31, whichever occurs first. PEORIA UNIFIED SCHOOL DISTRICT has designated the following information as directory information: [NOTE: an LEA may, but does not have to, include all the information listed below.]

TO: Principal

I *do not* consent to any directory information of (print student's name) \_\_\_\_\_  
released to any person or organization without my prior written consent.

Student's Name  
Address  
Telephone Listing  
Electronic mail address  
Photograph  
Date and place of birth  
Major field of study  
Dates of attendance

Grade level  
Participation in officially recognized activities and sports  
Weight and height of members of athletic teams  
Degrees, honors, and awards received  
The most recent educational agency or institution attended  
Student ID number, user ID, or other unique personal identifier  
used to communicate in electronic systems that cannot be  
used to access education

**Parent/Guardian PRINTED NAME**

**Parent/Guardian SIGNATURE**

**DATE**



## Model Notification of Rights under FERPA for Elementary and Secondary Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students who are 18 years of age or older ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days after the day the [Name of school ("School")] receives a request for access.

Parents or eligible students should submit to the school principal [or appropriate school official] a written request that identifies the records they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the [School] to amend a record should write the school principal [or appropriate school official], clearly identify the part of the record they want changed, and specify why it should be changed. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. The right to provide written consent before the school discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel) or a person serving on the school board. A school official also may include a volunteer or contractor outside of the school who performs an institutional service or function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, medical consultant, or therapist; a parent or student volunteering to serve on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

[Optional] Upon request, the school discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer. [NOTE: FERPA requires a school district to make a reasonable attempt to notify the parent or student of the records request unless it states in its annual notification that it intends to forward records on request.]

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the [School] to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202



[NOTE: In addition, a school may want to include its directory information public notice, as required by § 99.37 of the regulations, with its annual notification of rights under FERPA.]

[Optional] See the list below of the disclosures that elementary and secondary schools may make without consent.

FERPA permits the disclosure of PII from students' education records, without consent of the parent or eligible student, if the disclosure meets certain conditions found in § 99.31 of the FERPA regulations. Except for disclosures to school officials, disclosures related to some judicial orders or lawfully issued subpoenas, disclosures of directory information, and disclosures to the parent or eligible student, § 99.32 of the FERPA regulations requires the school to record the disclosure. Parents and eligible students have a right to inspect and review the record of disclosures. A school may disclose PII from the education records of a student without obtaining prior written consent of the parents or the eligible student –

- To other school officials, including teachers, within the educational agency or institution whom the school has determined to have legitimate educational interests. This includes contractors, consultants, volunteers, or other parties to whom the school has outsourced institutional services or functions, provided that the conditions listed in § 99.31 (a)(1)(i)(B)(1) - (a)(1)(i)(B)(2) are met. (§ 99.31 (a)(1))
- To officials of another school, school system, or institution of postsecondary education where the student seeks or intends to enroll, or where the student is already enrolled if the disclosure is for purposes related to the student's enrollment or transfer, subject to the requirements of § 99.34. (§ 99.31 (a)(2))
- To authorized representatives of the U. S. Comptroller General, the U. S. Attorney General, the U.S. Secretary of Education, or State and local educational authorities, such as the State educational agency (SEA) in the parent or eligible student's State. Disclosures under this provision may be made, subject to the requirements of § 99.35, in connection with an audit or evaluation of Federal- or State-supported education programs, or for the enforcement of or compliance with Federal legal requirements that relate to those programs. These entities may make further disclosures of PII to outside entities that are designated by them as their authorized representatives to conduct any audit, evaluation, or enforcement or compliance activity on their behalf. (§§ 99.31 (a)(3) and 99.35)
- In connection with financial aid for which the student has applied or which the student has received, if the information is necessary to determine eligibility for the aid, determine the amount of the aid, determine the conditions of the aid, or enforce the terms and conditions of the aid. (§ 99.31 (a)(4))
- To State and local officials or authorities to whom information is specifically allowed to be reported or disclosed by a State statute that concerns the juvenile justice system and the system's ability to effectively serve, prior to adjudication, the student whose records were released, subject to § 99.38. (§ 99.31 (a)(5))
- To organizations conducting studies for, or on behalf of, the school, in order to: (a) develop, validate, or administer predictive tests; (b) administer student aid programs; or (c) improve instruction. (§ 99.31 (a)(6))
- To accrediting organizations to carry out their accrediting functions. (§ 99.31 (a)(7))
- To parents of an eligible student if the student is a dependent for IRS tax purposes. (§ 99.31 (a)(8))
- To comply with a judicial order or lawfully issued subpoena. (§ 99.31 (a)(9))
- To appropriate officials in connection with a health or safety emergency, subject to § 99.36. (§ 99.31 (a)(10))
- Information the school has designated as "directory information" under § 99.37. (§ 99.31 (a)(11))



## NOTIFICATION OF RIGHTS UNDER THE PROTECTION OF PUPIL RIGHTS AMENDMENT (PPRA)

PPRA affords parents certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

- *Consent* before students are required to submit to a survey that concerns one or more of the following protected areas ("protected information survey") if the survey is funded in whole or in part by a program of the U.S. Department of Education (ED)–
  1. Political affiliations or beliefs of the student or student's parent;
  2. Mental or psychological problems of the student or student's family;
  3. Sex behavior or attitudes;
  4. Illegal, anti-social, self-incriminating, or demeaning behavior;
  5. Critical appraisals of others with whom respondents have close family relationships;
  6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
  7. Religious practices, affiliations, or beliefs of the student or parents; or
  8. Income, other than as required by law to determine program eligibility.
- *Receive notice and an opportunity to opt a student out of* –
  1. Any other protected information survey, regardless of funding;
  2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
  3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.
- *Inspect*, upon request and before administration or use –
  1. Protected information surveys of students;
  2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
  3. Instructional material used as part of the educational curriculum.

These rights transfer from the parents to a student who is 18 years old or an emancipated minor under State law.

**The Peoria Unified School District will develop and adopt** policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected information surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. **The Peoria Unified School District** will directly notify parents of these policies at least annually at the start of each school year and after any substantive changes. **The Peoria Unified School district** will also directly notify, such as through U.S. Mail or email, parents of students who are scheduled to participate in the specific activities or surveys noted below and will provide an opportunity for the parent to opt his or her child out of participation of the specific activity or survey. **The Peoria Unified School District** will make this notification to parents at the beginning of the school year if the District has identified the specific or approximate dates of the activities or surveys at that time. For surveys and activities scheduled after the school year starts, parents will be provided reasonable notification of the planned activities and surveys listed below and be provided an opportunity to opt their child out of such activities and surveys. Parents will also be provided an opportunity to review any pertinent surveys. Following is a list of the specific activities and surveys covered under this requirement:

- Collection, disclosure, or use of personal information for marketing, sales, or other distribution.
- Administration of any protected information survey not funded in whole or in part by ED.
- Any non-emergency, invasive physical examination or screening as described above.

*Parents who believe their rights have been violated may file a complaint with:*

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202



# STUDENT HEALTH HISTORY

PLEASE UNDERSTAND THAT BY FILLING OUT THIS INFORMATION IT MAY BE SHARED WITH THE APPROPRIATE SCHOOL AND MEDICAL PERSONNEL.

Student Name:

Date of Birth:

Last

First

Middle

The following information may be helpful in assessing a child's health/learning. If you do not wish to complete the entire form, you may wish to speak personally with your school nurse.

DOES YOUR CHILD HAVE OR HAVE A HISTORY OF:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Allergies/Food   | <input type="checkbox"/> Chicken Pox : Age _____         | <input type="checkbox"/> Heart Problems                      |
| <input type="checkbox"/> Allergies/Medication   | <input type="checkbox"/> Diabetes**                      | <input type="checkbox"/> High Blood Pressure                 |
| <input type="checkbox"/> Allergies/Seasonal   | <input type="checkbox"/> Seizure Disorder/Epilesy**      | <input type="checkbox"/> Kidney Disorder                     |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Scoliosis                       | <input type="checkbox"/> Osgood Schlatter's                  |
| <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe | <input type="checkbox"/> Other: _____                    | <input type="checkbox"/> Irritable Bowel Syndrome            |
| <input type="checkbox"/> Attention Deficit Disorder   | <input type="checkbox"/> Ear Infections                  | <input type="checkbox"/> Celiac Disease                      |
| <input type="checkbox"/> Bleeding Disorders**   | <input type="checkbox"/> Headaches                       | <input type="checkbox"/> Frequent UTIs (diagnosed by Doctor) |
| <input type="checkbox"/> Cerebral Palsy   | <input type="checkbox"/> Migraines (diagnosed by Doctor) |  |

\*\*THESE STUDENTS MUST HAVE A CURRENT TREATMENT PLAN ON FILE IN THE HEALTH OFFICE.\*\*

HAS YOUR CHILD EVER HAD:

- |  |   |
|--|---|
| <input type="checkbox"/> Surgery                 | <input type="checkbox"/> Speech difficulties  |
| <input type="checkbox"/> Psychological Exam      | <input type="checkbox"/> Serious Accident/injury  |
| <input type="checkbox"/> Been in special classes | <input type="checkbox"/> Vision Problems  |
| <input type="checkbox"/> Hearing Problems        | <input type="checkbox"/> Is your child restricted from any physical activities (Must have note from Doctor) |
| <input type="checkbox"/> Tubes in ears           | <input type="checkbox"/> Or have any food or dietary restrictions   |
| <input type="checkbox"/> Hearing Aids            |   |

IS YOUR CHILD CURRENTLY TAKING MEDICATIONS? LIST ALL BELOW

MEDICATIONS	DOSE	FREQUENCY	REASON

PLEASE EXPLAIN ALL ABOVE MARKED ANSWERS:

THIS INFORMATION WOULD BE HELPFUL TO HAVE IN CASE YOUR CHILD NEEDS TO BE ASSESS FOR ANY SPECIAL SERVICES:

Prenatal History:

Toxemia: Yes No      Diabetes: Yes No  
 Length of Pregnancy: \_\_\_\_\_ months      Length of Labor: \_\_\_\_\_ hours      Injuries during pregnancy: Yes No

Birth History:

Birth weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz.      Needed oxygen? Yes No      Jaundice? Yes No      Seizures? Yes No

At what age did this child:

Roll over: \_\_\_\_\_      Sit up: \_\_\_\_\_      Walk: \_\_\_\_\_      Dress self: \_\_\_\_\_      Speak first word: \_\_\_\_\_  
 Speak in 2 or 3 word sentences: \_\_\_\_\_      Daytime bladder control: \_\_\_\_\_      Nighttime bladder control: \_\_\_\_\_  
 Is this child's speech difficult to understand: Yes No

DOES YOUR CHILD HAVE SPECIFIC, SPECIAL MEDICAL/EMOTIONAL NEEDS THAT WE NEED TO BE AWARE OF? IF SO, PLEASE EXPLAIN:

PLEASE CONTACT YOUR SCHOOL'S NURSE TO DISCUSS YOUR CHILD'S MEDICAL CONCERNS.

PARENT/GUARDIAN SIGNATURE

DATE

# Peoria Unified School District No. 11

P.O. Box 39, Peoria, Arizona 85380

## New Student Screening P#33/SP 100

TO BE COMPLETED BY TEACHER AND PLACED IN STUDENT'S FILE WITHIN 45 DAYS OF ENROLLMENT

Student \_\_\_\_\_ DOB \_\_\_\_\_ Date of enrollment \_\_\_\_\_  
 Male  Female Grade \_\_\_\_\_ Primary language \_\_\_\_\_ Home school \_\_\_\_\_

**SECTION A** This section is to be completed by the student's teacher(s). This form must be placed in the student's cumulative file maintained by the teacher. Detach TAB A and return to the principal's office the day this form is completed.

Date of screening \_\_\_\_\_ Completed by \_\_\_\_\_  
 (Teachers)

**CHECK STATEMENT THAT APPLIES:**

- No problems at this time. (Detach TAB A, circle "NO", and forward to principal today. Place this form in student's cumulative folder.)
- \* Indication of possible problem(s). (Check all areas below that apply. Detach TAB A, circle "YES", and forward to principal today.)

In compliance with the State Board Conditions and Standards, an assessment of education strengths and limitations of students is to be made. The areas listed below are to be **considered** in the screening process. Please check all items that apply.

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>The student's achievement in school work is consistently below grade level.</b></li> <li><input type="checkbox"/> Learns very slowly</li> <li><input type="checkbox"/> Below peers in academics</li> <li><input type="checkbox"/> Below grade level in reading</li> <li><input type="checkbox"/> Below grade level in math</li> <li><input type="checkbox"/> Poor memory</li> <li><input type="checkbox"/> Poor assignment completion</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> <b>A vision, hearing or other physical condition exists which impairs normal school progress</b></li> <li><input type="checkbox"/> Earaches, runny ears</li> <li><input type="checkbox"/> Requests repetition; asks "what?"</li> <li><input type="checkbox"/> Seems not to pay attention</li> <li><input type="checkbox"/> Blinking, rubbing, squinting</li> <li><input type="checkbox"/> Tilts head to one side when reading</li> <li><input type="checkbox"/> Holds book too close or too far</li> <li><input type="checkbox"/> Difficulty copying chalkboard</li> <li><input type="checkbox"/> Restless, short attention span, distractible</li> <li><input type="checkbox"/> Clumsy, awkward, poor coordination</li> <li><input type="checkbox"/> Has physical limitations which impede educational progress</li> <li><input type="checkbox"/> Poor handwriting</li> <li><input type="checkbox"/> Other</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>The student's social and emotional behavior impairs his/her school progress of the progress of other class members.</b></li> <li><input type="checkbox"/> Impulsive, explosive, unpredictable</li> <li><input type="checkbox"/> Out of seat</li> <li><input type="checkbox"/> Withdrawn, daydreams</li> <li><input type="checkbox"/> Fearful, anxious, insecure</li> <li><input type="checkbox"/> Inappropriate verbally</li> <li><input type="checkbox"/> Poor task attention</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> <b>Language development and/or speech articulation is below expectation for student's age</b></li> <li><input type="checkbox"/> <b>Stutters frequently</b></li> <li><input type="checkbox"/> <b>Faulty articulation</b></li> <li><input type="checkbox"/> <b>Speech draws attention to self</b></li> <li><input type="checkbox"/> <b>Has difficulty expressing ideas</b></li> <li><input type="checkbox"/> <b>Poor understanding of group verbal instructions</b></li> <li><input type="checkbox"/> <b>Other</b></li> <li><input type="checkbox"/> The student demonstrates skills which appear to be inadequate for normal school progress</li> </ul> |
|---|--|

Remarks \_\_\_\_\_

**SECTION B** This section to be completed by teacher or parent.

This student previously received services in the following special area(s):

- Special Education: Category
- Gifted/accelerated
- ELL
- Special reading
- Special math
- Other

**SECTION C** \* This section to be completed by building administrator or designee. (Check only statements that apply.)

- Meet with appropriate staff
- Modification of present program
- Pre-referral conference
- Other appropriate programming

Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>TAB A</b>	Circle "YES" if any item in Section A is checked as a possible problem.	SP100
STUDENT		
TEACHER	GRADE	
SCHOOL		
"YES" –	Problem area(s) indicated by teacher – <u>conference required</u>	
"NO" –	No problems at this time	
If "YES" is circled, building administrator or designee will confer with appropriate special services staff.		

<b>TAB B</b>	SP100
<b>REMINDER FOR SCHOOL SECRETARY</b>	
<b>NEW STUDENT SCREENING/SP100 FOR</b>	
SHOULD BE IN STUDENT FILE NO LATER THAN _____	
DATE _____	



**ACETAMINOPHEN FORM  
ELEMENTARY SCHOOL**

Dear Parent/Guardian:

Occasionally your child may unexpectedly need acetaminophen during a school day. For these occasions, the school nurse may maintain a **LIMITED** supply of this medication.

Please complete the form below and return it to the school nurse if you want your child to receive acetaminophen during the school day.

**IF YOUR CHILD NEEDS ACETAMINOPHEN FOR AN EXTENDED TIME OR FOR A CHRONIC CONDITION, YOU *MUST* SUPPLY THE MEDICATION.**

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

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

My child may receive the medication(s) checked below:

YES	MEDICATION	DOSAGE	FREQUENCY
<input type="checkbox"/>	Acetaminophen (Tylenol)	1 adult regular = 325 mg.	every 4 hours if necessary
<input type="checkbox"/>	Acetaminophen (Tylenol)	2 adult regular = 650 mg.	every 4 hours if necessary
<input type="checkbox"/>	Acetaminophen (Tylenol)	1-4 tablets 80 mg.=1 tab Childrens Chewable <small>Follow recommended dosing on package</small>	every 4 hours if necessary
<input type="checkbox"/>	Acetaminophen (Tylenol)	Junior Strength 160mg= 1 tablet <small>Follow recommended dosing on package</small>	every 4 hours if necessary
<input type="checkbox"/>	Acetaminophen Liquid (Tylenol)	Follow age/weight dosage on bottle	every 4 hours if necessary

**PLEASE DO NOT ADD ANY MEDICATIONS TO THIS FORM**

I authorize the school nurse or the principal's designee to be my agent to give the medication(s) checked above to my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_