# *Queen Creek School District No. 95*

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


## *Registration Requirements*

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

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

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

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

**IMMUNIZATION RECORDS**
To comply with Arizona State Law, we must have valid immunization documentation per QCUSD policy 5-403.

**PHOTO ID OF PARENT/GUARDIAN, ORIGINAL ONLY**
We do not accept copies from second hand parties.

**STUDENT'S TRANSCRIPTS/DISCIPLINE/ATTENDANCE RECORDS (high school credits)**
All students with prior completed high school credits must have an unofficial copy of the transcript at time of registration. Failure to supply this information may result in loss of credit.

**WITHDRAWAL FORM/WITHDRAWAL GRADES**
Students must have an official withdrawal form from previous school to enroll. Withdrawal grades are required if student is enrolling after the semester has begun.

**SPECIAL EDUCATION/504 RECORDS (IF APPLICABLE)**
Current copy of IEP and MET, including psychological reports or 504 plan are required at time of registration.

**STUDENT ATHLETES (HIGH SCHOOL ONLY)**
Please contact athletic secretary for forms that must be submitted prior to participation.

# QUEEN CREEK UNIFIED SCHOOL DISTRICT #95

☐ DME ☐ FBPE ☐ FMSE ☐ GPA ☐ JBE ☐ KMBE ☐ MTA ☐ SES ☐ SVE ☐ QCE

☐ QCJHS ☐ NBCP ☐ EHS ☐ QCHS ☐ CHS ☐ QCVA

| (Student's Last Name) | (Student's First Name) | (Student's Middle Name) | (Student ID #) |
|---|---|---|---|
| | | | |

| GRADE | GENDER | HOME LANGUAGE | NICKNAME | SAIS ID # | DATE OF BIRTH |
|---|---|---|---|---|---|
| | | | | | |

| (Student's (personal) email address) | (Student's Cell phone number) |
|---|---|
| | |

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

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

**What language did the student first speak or understand?** _____

| SUBDIVISION | TRIBAL NAME | BIRTH CITY | BIRTH STATE | BIRTH COUNTRY |
|---|---|---|---|---|
| | | | | |

**YOU MUST SELECT/CIRCLE ONE RACE:** ☐ HISPANIC OR ☐ NON-HISPANIC

**YOU MUST SELECT/CIRCLE AT LEAST ONE ETHNICITY:** ☐ WHITE ☐ BLACK ☐ ASIAN

☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER ☐ AMERICAN INDIAN/ ALASKAN NATIVE

| PHYSICAL HOME ADDRESS/SUBDIVISION | CITY | STATE | ZIP CODE |
|---|---|---|---|
| | | | |

| MAILING ADDRESS *(if different from physical address)* | CITY | STATE | ZIP CODE |
|---|---|---|---|
| | | | |

**WHO DOES THE STUDENT LIVE WITH (Circle one)?**

☐BOTH PARENTS ☐MOTHER ☐FATHER ☐STEP-MOTHER ☐STEP-FATHER ☐GUARDIAN ☐FOSTER

_____ _____ _____

**MOTHER'S FIRST AND LAST NAME** **CELL PHONE** **EMAIL ADDRESS**

_____ _____ _____

**HOME PHONE NUMBER** **WORK PHONE** **EMPLOYER**

**Military Status: Start/End Dates:** _____ **Branch:** _____

**CHECK BOXES THAT APPLY:** ☐ Contact Only ☐ Education Rights ☐ Has Custody ☐ Mailing Allowed

☐ Enrolling Parent ☐ Release to ☐ Deceased ☐ Other

_____ _____ _____

**FATHER'S FIRST AND LAST NAME** **CELL PHONE** **EMAIL ADDRESS**

_____ _____ _____

**HOME PHONE NUMBER** **WORK PHONE** **EMPLOYER**

**Military Status: Start/End Dates:** _____ **Branch:** _____

**CHECK BOXES THAT APPLY:** ☐ Contact Only ☐ Education Rights ☐ Has Custody ☐ Mailing Allowed

☐ Enrolling Parent ☐ Release to ☐ Deceased ☐ Other

**WILL YOUR STUDENT RIDE THE BUS TO OR FROM SCHOOL?** ☐ Yes ☐ No

AM Route #_____ PM Route #_____

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

1. _____ _____ _____

**CONTACT NAME (FIRST & LAST NAME)** **RELATIONSHIP TO STUDENT** **PHONE NUMBER**

2. _____ _____ _____

**CONTACT NAME (FIRST & LAST NAME)** **RELATIONSHIP TO STUDENT** **PHONE NUMBER**

3. _____ _____ _____

**CONTACT NAME (FIRST & LAST NAME)** **RELATIONSHIP TO STUDENT** **PHONE NUMBER**

4. _____ _____ _____

**CONTACT NAME (FIRST & LAST NAME)** **RELATIONSHIP TO STUDENT** **PHONE NUMBER**

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

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

**Has your student ever been suspended?** ☐ Yes ☐ No

**Has your student ever been retained?** ☐ Yes ☐ No

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

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

**Does your student have any special needs? If yes, please identify (circle what applies):**

☐ ELL ☐ GIFTED ☐ SPEECH ☐ TITLE I ☐ 504 ☐ SPECIAL EDUCATION

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

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

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

**Please list all siblings attending this or other Queen Creek Schools:**

| | |
|---|---|
| _____ | _____ |
| NAME, AGE, SCHOOL | NAME, AGE, SCHOOL |
| _____ | _____ |
| NAME, AGE, SCHOOL | NAME, AGE, SCHOOL |
| _____ | _____ |
| NAME, AGE, SCHOOL | NAME, AGE, SCHOOL |

_____ **BIRTH CERTIFICATE*** *(If you do not have a certified copy, one must be obtained within 30 days to registration)*

_____ **IMMUNIZATION RECORD** *(No child will be admitted without immunization documentation according to the Arizona Department of Health and QCUSD policy 5-403)*

_____ **CURRENT UTILITY BILL** *(electric, gas, or water)*

_____ **PHOTO ID OF PARENT/GUARDIAN** *(If student resides with Guardian, documents must be provided)*

_____ **TRANSCRIPTS** *(High School Only)*

I understand that providing false information on this form may result in the application being denied or admission being revoked. The signatory affirms that the student will abide by the rules, standards, and policies of the School and Queen Creek Unified School District.

_____ _____

**SIGNATURE OF PARENT/GUARDIAN** **DATE**

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

1. A certified copy of the pupil's birth certificate
2. Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to Title 8, Chapter 2.1 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

## OFFICE USE ONLY

TRACK:_____ GRADE:_____ TEACHER:_____ ID#: _____

GRADE YEAR:_____ AZ ENTRY DATE:_____ RESIDENT DISTRICT: _____

ENROLL DATE/CODE:_____ ENTERED BY: _____ DATE:_____

*Queen Creek School District No. 95*

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# New Student Disclosure of Services

**Student Name: _____ Date of Birth: _____ Grade: _____**

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

**GENERAL EDUCATION**

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

☐ **My child receives accommodations through a 504 plan.**

☐ **School district and school where records are located:**

**SPECIAL EDUCATION**

☐ **MY CHILD HAS AN IEP AND RECEIVES SPECIAL EDUCATION SERVICES FOR:**

- ☐ **Speech and Language**
- ☐ **Specific Learning Disabilities**
- ☐ **Other:**

☐ **School district and school where records are located:**

**GIFTED PROGRAM**

☐ **MY CHILD WAS PREVIOUSLY A PART OF A GIFTED AND TALENTED PROGRAM**

**Signature _____ Date _____**

**(Parent/Guardian)**

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## PERMISSION TO RELEASE RECORDS

**We are requesting records on the following student**:

_____ _____ _____

**Student Name** **Grade** **Date of Birth**

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

___REPORT CARDS/TRANSCRIPTS INCLUDING WITHDRAWAL GRADES

***For high school students: Please email unofficial transcript and mail official transcript***

___BIRTH CERTIFICATE
___STATE STANDARDIZED TESTS (AIMS/Stanford/AzMERIT)
___ELL RECORDS INCLUDING ASSESSMENTS
___DISCIPLINE RECORDS
___ATTENDANCE RECORDS
___IMMUNIZATION/MEDICAL RECORDS
___SPECIAL EDUCATION/PSYCHOLOGICAL
___SOCIAL AND EDUCATIONAL RECORDS
___WITHDRAWAL FORM/ SAIS ID

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

_____ _____

**Parent/Guardian Signature** **Date**

## PREVIOUS SCHOOL NAME/ADDRESS:

School Name: _____School District: _____

Street Address: _____

City/ State/ Zip: _____

Phone: _____ Fax:_____

## PLEASE SEND TO:

☐ **Desert Mountain Elementary** *22301 South Hawes Rd,Queen Creek, AZ 85142 *Phone:(480) 987-5912 Email: dmeregistrar@qcusd.org
☐ **Faith Mather Sossaman Elementary** *22801 Via Del Jardin, Queen Creek, AZ 85142 * Phone: (480) 474-6900 Email: fmsregistrar@qcusd.org
☐ **Frances Brandon Pickett Elementary***22076 E Village Loop Rd,Queen Creek, AZ 85142*Phone:(480) 987-7420 Email: fbpregistrar@qcusd.org
☐ **Gateway Polytechnic Academy** * 5149 S. Signal Butte, Mesa, AZ 85212 * Phone: (480) 987-7440 Email: gparegistrar@qcusd.org
☐ **Jack Barnes Elementary** * 20750 South 214th Street, Queen Creek, AZ 85142 * Phone: (480) 987-7400 Email: jberegistrar@qcusd.org
☐ **Katherine Mecham Barney Elementary***19684 South 225th Place, Queen Creek, AZ 85142*Phone (480) 474-6720 Email: kmbregistrar@qcusd.org
☐ **Mountain Trail Academy** * 5626 South Mountain Road, Mesa, AZ 85212 * Phone: (480-474-6980) Email: sbennett@qcusd.org
☐ **Queen Creek Elementary** * 23636 South 204th Street, Queen Creek, AZ 85142 * Phone: (480) 987-5920 Email: qceregistrar@qcusd.org
☐ **Schnepf Elementary*** 23161 East Grange Pkwy, Queen Creek, AZ 85142* Phone: (480) 987-5935 Email: sesregistrar@qcusd.org
☐ **Silver Valley Elementary** * 9737 East Toledo Avenue, Mesa, AZ 85212 * Phone: (480) 474-6920 Email: sveregistrar@qcusd.org
☐ **Newell Barney College Prep** * 24937 South Sossaman Road, Queen Creek, AZ 85142 * Phone: (480) 474-6700 Email: nbregistrar@qcusd.org
☐ **Queen Creek Junior High** * 20435 South Old Ellsworth Rd, Queen Creek, AZ 85142 * Phone: (480) 987-5940 Email:qcjhsregistrar@qcusd.org
☐ **Queen Creek High School** * 22149 East Ocotillo Road,Queen Creek, AZ 85142 * Phone: (480) 987-5973 Email: qchsregistrar@qcusd.org
☐ **Eastmark High School** * 9560 East Ray Road, Mesa, AZ 85212 * Phone: (480) 474-6950 Email: ehsregistrar@qcusd.org
☐ **Crismon High School** * 21942 East Riggs Road, Queen Creek, AZ 85142 * Phone (480) 987-5580 Email: chsregistrar@qcusd.org
☐ **Queen Creek Virtual Academy *** 20435 South Old Ellsworth Rd, Queen Creek, AZ 85142 * Phone: (480) 987-5564 Email: qcva@qcusd.org

Emailed to school: _____ Emailed to SPED: _____

# Arizona Student Residency Questionnaire

**Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.**

## Section A

Today's date: _____

Name of individual completing this form: _____

Your telephone number: _____ Your email address: _____

Student name: _____

Last school attended: _____ Current grade: _____ Birth date: _____

Do you have additional children attending school in our district? Yes ☐ No ☐

Do you have children of the preschool age? Yes ☐ No ☐

Please provide information about additional children attending school in our district or of preschool age.

| Last Name | First Name | Grade | School | District |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Address of where the student slept last night: _____

Is this address based on a temporary living arrangement due to the loss of housing? Yes ☐ No ☐
(Examples: sharing the housing with others due to economic hardship or similar reason; hotel/motel; shelter; transitional housing; car; park; campsite; and inadequate housing, including no running water, electricity, or adequate space)

**NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.**

## Section B

Name of the parent/guardian/adult caring for the student: _____

Relationship to the student: _____

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes ☐ No ☐

**Please place an "X" in each box that best describes where the student sleeps at night.**

☐ In a place that does not have windows, doors, running water, heat, electricity, or overcrowded

☐ Staying with a friend or relative because of loss of housing, economic hardship, or similar reason
(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

What date did you begin staying here? _____

☐ In a shelter/transitional housing program (name of agency): _____

What date did you begin staying here? _____

☐ In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)
Provide the main cross streets of this unsheltered location: _____

☐ In a hotel/motel (name of hotel/motel & address) _____

What date did you begin staying here? _____

☐ With an adult that is not a parent or court appointed legal guardian

☐ Alone, not in the care of a parent or court appointed legal guardian

☐ None of the above (Please explain): _____

_____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

_____ _____

Signature of Person Providing Information
Parent/Legal guardian/Caregiver/Student

Date

**For School Use Only**

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: _____

Please check the housing types that apply:

Sheltered ☐ Doubled-up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel ☐

Unaccompanied youth: Yes ☐ No ☐ Transportation to school of origin needed: Yes ☐ No ☐

Date received by Homeless Liaison

_____

# MIGRANT EDUCATION PROGRAM
## *PARENT OCCUPATIONAL SURVEY*

**Student Name(s):** _____

**School District:** _____ **Date Completed:** _____

**Number of Children in Household:** _____ **Age(s) of Children:** _____

**Name(s) of the School(s) the Children Attend:** _____

**Name of Parent(s)/ Caregiver(s):** _____

**Current Address:** _____

**City / State / Zip Code:** _____ **Contact Number:** _____

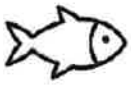
**Race/Ethnicity of the Children** (select all that apply):

☐ American Indian or Alaska Native (If selected, please provide tribal affiliation: _____)
☐ Latino/a ☐ Black/African American ☐ White ☐ Native Hawaiian/Pacific Islander ☐ Asian

**1. Have your children participated in the Migrant Education Program in Arizona or in any other state?**
☐ Yes ☐ No If yes, please indicate the date and state where your children received services: _____

**2. In the last three years, has your family moved to search for work in another city, county, or state?**
☐ Yes ☐ No If yes, on what date did your family arrive in the city you reside in at this time?: _____

**3. In the last three years, have you or anyone in your immediate family worked in one of the occupations listed below as a seasonal or temporary employee?** ☐ Yes ☐ No
If yes, please select all that apply:

| | |
|---|---|
| ☐ **Agriculture** (harvesting/picking vegetables or fruits such as lettuce, tomatoes, broccoli, strawberries, dates, lemons, etc.)  | ☐ **Dairy/Livestock/Poultry** (herding, handling, feeding, branding, slaughtering, deboning,etc.)  |
| ☐ **Planting** (Planting seeds, growing or cutting trees, preparing the land,etc.)  | ☐ **Meatpacking/ Meat Processing** (skinning, hanging, cutting, trimming, freezing, etc.)  |
| ☐ **Processing/Packing agricultural products** (cleaning, weighing, cutting, sorting, freezing, packing,etc.)  | ☐ **Fishing/ Seafood** (scaling, cutting, freezing, enclosing raw product in container)  |
| ☐ **Personal Subsistence** (Family consumes the crops, dairy products, or livestock they produce or the fish they catch)  | ☐ **Other agricultural or fishing occupation** Please specify: _____ |

**4. Additional Questions**

1. Did you lose housing due to an eviction, inability to pay rent or mortgage due to economic hardship, conflict, abuse, or damage to your previous home? ☐ Yes ☐ No
2. Is your family staying with a friend/relative because of loss of housing, economic hardship, or similar reason? ☐ Yes ☐ No
3. Is your family staying in an unsheltered location (e.g., storage unit, tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)? ☐ Yes ☐ No
4. Are you temporarily caring for a child or youth (ages 3-21) that has recently lost housing (e.g., their parent has moved away unexpectedly, their parent can no longer financially support them)? ☐ Yes ☐ No

***Please return this form to the school as soon as possible***

**Arizona Department of Education**

**Arizona Residency Guidelines**

**REVISED 11/08/2021**

Disclaimer: The Arizona Department of Education is providing these guidelines as technical assistance to the field. These guidelines are how the Arizona Department of Education interprets the below statutes and are not binding nor is it legal advice. If you have any legal questions, please consult an attorney.

## INTRODUCTION

Local educational agencies are required to provide all children who reside within the school district with equal access to public education at the elementary and secondary level. The U.S. Supreme Court held in Plyer v. Doe, 457 U.S. 202 (1982), that the undocumented or non-citizen status of a student (or his or her parent/guardian) is irrelevant to that student's entitlement to an elementary and secondary public education. However, pursuant to A.R.S. § 15-823, a school district or charter school may not include non-Arizona-resident pupils in their student count and may not obtain state aid for those pupils.

In Arizona, the "district of residence" of a student is determined by the residency of the parent or guardian with whom the student lives. In some cases, the district of residence may also be determined by the residency of a relative who is seeking legal guardianship or custody of a student. A.R.S. § 15-821(D). In addition, if a school district governing board determines that a student's "physical, mental, moral or emotional health is best served by placement with a grandparent, brother, sister, stepbrother, stepsister, aunt or uncle who is a resident within the school district," and the placement with that relative is not "solely for the purpose of obtaining an education in this state without payment of tuition," the student is considered a resident of the district. A.R.S. § 15-823(C).[1]

Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that student/parent residency information is accurate and verifiable. **While a district may restrict attendance to district residents based on available classroom space, [2] inquiring into students' citizenship or immigration status, or that of their parents or guardians, is not relevant to establishing residency within the district. A school district or charter school may not bar a student from enrolling because he or she lacks a birth certificate or has records indicating a foreign place of birth, such as a foreign birth certificate. [3]**

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[1] See also Martinez v. Bynum, 461 U.S. 321 (1983).

[2] Pursuant to A.R.S. § 15-816 and A.R.S. § 15-816.01, Arizona's mandatory open enrollment policies allow a student to apply for admission and transfer to any public school of his or her choice, based on available classroom space, even if it is outside of the student's

district of residence. There are two basic types of open enrollment policies: 1) Intra-district: Students transfer to another school within the resident school district, or 2) Inter-district: Students transfer to a school outside of their resident district.

[3] For more information, please read https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201405.pdf.

The Arizona Department of Education 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 through documents provided by the parent/guardian may be required to repay the state aid received for that student. The following are examples of verifiable documentation parents may provide to demonstrate that they reside in a district.

**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 at initial enrollment of a student in a school district or charter school in this state and reaffirmed, although not necessarily recollected, during the district or charter's annual registration process. This process will vary by the school, school district, or charter school (i.e. an annual form asking parents to confirm address).**

**Every school district or charter school is required, [4] within 30 days of enrollment, to obtain a certified copy of a pupil's birth certificate or other reliable proof of the pupil's identity and age, [5] or a letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law. A school district or charter school MAY seek photo identification from the person enrolling a student to ensure that the adult is entitled to enroll the student in school, as long as such a requirement does NOT unlawfully bar a student from enrolling in school. [6]**

**In case of an ADE Audit, the school, school district or charter school will be asked what process is used and what documentation is obtained via this process. If the student's residence has not changed, an affirmation (via a checkbox) that the previously provided proof of residency remains accurate should be sufficient. The documentation supporting Arizona residency should be maintained according to the school's records retention schedule.**

For members of the armed services, a school may enroll a student if the parent provides a hard-copy or electronic document of their transfer or pending transfer to a military installation within the state. The parent must provide official documentation of residency within ten days after the arrival date which may include a temporary on-base billeting facility as their address. **PROOF OF RESIDENCY IS NOT REQUIRED FOR HOMELESS STUDENTS**. [7] 42 U.S.C.§ 11 432(g)(3)(C)(i).

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[4] A.R.S. §15-828.

[5] Other proof of the pupil's identity/age includes: pupil's baptismal certificate, an application for social security number or original school registration records and an affidavit explaining inability to provide a copy of the birth certificate, A.R.S. § 15-828 (A)(1)-(3).

[6] For more information, please read U.S. DOJ Civil Rights Division "Fact Sheet: Information on the Rights of All Children to Enroll in School", https://www.justice.gov/sites/default/files/crt/legacy/2014/05/08/plylerfact.pdf.

[7] Per A.R.S. §15-824 (C), "Homeless student" means a pupil who has a primary residence that is: (1) A supervised publicly or privately operated shelter designed to provide temporary living accommodations; (2) An institution that provides a temporary residence for individuals intended to be institutionalize or; (3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

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

1. Parent(s) or legal guardian(s) that maintains his or her own residence: The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide one of the following documents, which bear the parent or legal guardian's full name and residential address or physical description of the property where the student resides (no P.O. Boxes):
    - Valid Arizona driver's license, Arizona identification card
    - Valid Arizona motor vehicle registration
    - Valid Arizona Address Confidentiality Program authorization card
    - Property deed/Mortgage documents
    - Property tax bill
    - Rental agreement or lease (including Section 8 agreement or off-base military housing)
    - Utility bill (water, electric, gas, cable, phone)
    - Bank or credit card statement
    - W-2 wage statement
    - Payroll stub
    - Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe located in Arizona
    - Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)
    - Temporary on-base billeting facility (for military families)
    - Under A.R.S. § 41-5001(A), school districts and charter schools must accept consular identification cards that are issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card.[8]

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

2. **Parent(s) or legal guardian(s) that does not maintain his or her own residence:** The parent or legal guardian must have an affidavit of shared residency form completed indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit for the person who maintains the residence where the student lives attesting to the fact that the student resides at that

address, along with a document from the bulleted list bearing the name and address of the person who maintains the residence.

*A model Affidavit of Shared Residence form is available for schools at the end of this document.

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[8] See Amphitheater Unified Sch. Dist. No. 10 v. Harte, 128 Hart Ariz. 233, 234 (1981), § 15-187(C); noting that school districts and charter schools are political subdivisions.

**USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS**

School officials must **retain a copy** of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indication of residency; however, documentation is subject to audit by the Department.

Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing. **MOST INFORMATION PROVIDED BY PARENTS AND GUARDIANS TO ARIZONA PUBLIC SCHOOLS IS AN EDUCATIONAL RECORD MADE CONFIDENTIAL UNDER THE FEDERAL EDUCATIONAL RIGHTS AND PRIVACY ACT AND ARIZONA LAW UNLESS DESIGNATED BY THE SCHOOL AS DIRECTORY INFORMATION. A PARENT OR GUARDIAN MAY OPT OUT OF DIRECTORY INFORMATION IN ACCORDANCE WITH DISTRICT POLICY. OTHERWISE, EDUCATIONAL RECORDS ARE ONLY USED FOR LEGITIMATE EDUCATIONAL PURPOSES.**

# 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**_____

**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)**

**Office of English Language Acquisition Services**
**1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas**

**Arizona Department of Education**

**Arizona Residency Documentation Form**

Student_____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

___Valid Arizona driver's license, Arizona identification card or motor vehicle registration
___Valid 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,Veterans Administration, Arizona Department of Economic Security)
___Temporary on-base billeting facility (for military families)
___Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
___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.

# Queen Creek Unified School District

## Consent for Medical Treatment and Medical Information Form

Student's Name:_____

Date of Birth: _____

Student Grade: _____

Student ID: _____

I hereby give my consent for my child to receive treatment in the health office by Queen Creek Unified School District staff during the period of July 2026-May 2027. I understand medication of any kind is not to be sent with a child to school. Only an adult may bring in medication to the health office.

**Health History**

Has your child ever been diagnosed by a physician with any of the following conditions?

| | |
|---|---|
| ☐No medical conditions | ☐ Skin Problems |
| ☐ADD/ADHD | ☐Vision Problems |
| ☐Severe Allergies | ☐Hearing Problems/Aids |
| ☐Asthma | ☐Bladder Condition |
| ☐Heart Problems | ☐Suppressed Immune System |
| ☐Bleeding Disorder | ☐Concussion History |
| ☐Epilepsy/Seizures | ☐Stomach/GI |
| ☐Depression | ☐Diabetes |
| ☐Anxiety | ☐Other |

If you checked any of the above, please explain in detail:

_____

_____

Please list any allergies to medication, food, or insects.

_____

_____

What kind of reaction occurs with this allergy?

_____

Health screenings, including hearing and vision may be given during the school year. I understand that important medical information will be shared with school personnel as needed for the safety of each student. I have read this form and certify that I understand the content. If I do not want any of the services or screenings above, I will provide that in writing.

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

Student Name:_____ Grade:_____
Doctor's Name:_____ Phone:_____

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

1. Prescription medication must be prescribed by the student's physician. The healthcare provider medication form must be signed by the healthcare provider as well as the parent and presented to the school at the time medication is given to the health office.
2. Prescription medications must be in the original pharmacy container, labeled with the student's name, date, medication, dose, time to be taken at school, and length of treatment if applicable (ask the pharmacist to prepare a special container for school use).
3. Only the parent or legal guardian may bring the medication to school. Students are NOT allowed to transport medication EXCEPT an asthma inhaler, Epi-pen, and/or diabetic medications and supplies (with a current prescription for the student). A prescription label MUST BE ON the medication, AND written documentation that authorizes possession and self administration of the medication must be on file.
4. Medication will be administered in the presence of the school nurse and/or health assistant, or in their absence, by the person designated by the school principal.
5. All over-the-counter medication must be approved by the Food & Drug Administration and be kept in the original container with label and package directions. Only district approved OTC medication can be administered without a doctor's prescription. A physician's order will be required to give medications for more than 3 days in a row or 5 days per month.

**Medications**

Is your student currently on medication? ☐ Yes ☐ No

Will medication be given during school hours ☐ Yes ☐ No

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

Medication name and dose:

_____

_____

What is medication used for?

_____

I give Queen Creek USD staff permission to administer the following medications to my child, following package directions and physician standing orders, if medication is available in the health office. I also agree with the above QCUSD medication administration policy. Choose either YES or NO for district approved medication (if available) to be given to your child:

☐ Yes ☐ No Tylenol (acetaminophen)
☐ Yes ☐ No Advil or Motrin (ibuprofen)
☐ Yes ☐ No Anti-itch lotion (calagel, caladryl, cortisone cream)
☐ Yes ☐ No Cough Drop
☐ Yes ☐ No Triple antibiotic cream
☐ Yes ☐ No Benadryl (diphenhydramine)

_____
Parent/Legal Guardian Name

_____
Phone Number

_____
Parent/Legal Guardian Signature

_____
Date

# Arizona Interscholastic Association Eligibility Warning

Including: Athletics, Spirit Line and other AIA activities

Read **BEFORE** Enrolling at a QCUSD High School

**Transferring Students**

If you are a transferring student please be advised the you will be ineligible to participate in at least 50% of AIA Power Ranking games for any sport you participated in the past 12 months unless:

****You are entering the 9th grade or transferring into the state of Arizona for the first time.****

**Note**: You establish Arizona Interscholastic Association eligibility the first time you enter as a 9th grader.

List all the schools, including City/State that you have attended:

9th Grade: _____ 11th Grade: _____

10th Grade: _____ 12th Grade: _____

Did you participate in any sports while at these schools? _____

If yes, please list what sport and what grade _____

_____

_____

If yes AIA 550 Form must be completed - please visit AIA Online Student Transfer Form

Any concerns or questions, please speak with the site athletic director BEFORE you enroll

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____