

PS	K	1	2	3
GRADE				
4	5	6	7	8

NEW ENROLLMENT FORM
WENDEN ELEMENTARY SCHOOL
REGISTRATION FORM
2025-2026

Today's Date	Student ID	New	Returning	Date Entered	Entry Code	Age	Sex
--------------	------------	-----	-----------	--------------	------------	-----	-----

Legal Name _____ Date of Birth _____
(Last) (First) (Middle)

Place of Birth _____ Soc. Sec. # _____ Home Phone _____

P.O. Box _____ City _____ Zip _____

PHYSICAL ADDRESS: (Street, color of house, etc.)

School Last Attended _____
(Name of School)

(Address)	(City)	(State)	(Withdrawal Date)

Previous School Programs:

____Special Education____Title I Reading____Speech Therapy ____Gifted Program ____E.L.L.____Migrant

Have you moved in the last three years for the purpose of agriculture employment? ☐ Yes ☐ No

_____ Yes _____ No My child may participate in sports throughout the year. (5th thru 8th Grades)

Male Parent/Guardian_____ Relationship_____

Occupation _____ Employer _____ Work Phone _____

Female Parent/Guardian_____Relationship_____

Occupation _____ Employer _____ Work Phone _____

THIS PORTION USED FOR FEDERAL REPORTING

ETHNICITY

____ White ____ Hispanic ____ Black ____ Asian ____ Native American

CONFIDENTIAL INQUIRY

Please answer the following questions:

Yes No Have you ever qualified for reduced lunches?

Yes No Are you or any member of your immediate family currently receiving or have received Public assistance? If YES, please circle the types that apply:

Social Security Food Stamps DES Child Care Assistance AHCCCS

WIC ADC Welfare Unemployment Benefits

EMERGENCY INFORMATION

Emergency Contact _____ Phone _____
2.) _____ Phone _____
3.) _____ Phone _____

List anyone NOT allowed to have contact with student per legal papers/written notification in student's file:

Family Doctor _____ Emergency Hospital _____

_____ Medical Insurance _____ AHCCCS _____ Kids Care _____ No Insurance

Insurance Carrier _____ Policy # _____

Medical Problems _____

Allergies _____ Medications _____

I hereby grant the Wenden Elementary School District permission in an emergency to take my child to the nearest emergency center for treatment, in the event that I cannot be reached. It is understood that the school will try to reach the parents and other persons listed before arranging transportation to an emergency facility.

To the best of my knowledge, the information I have provided on this form is accurate and true. I hereby certify that I am the parent (with legal custody if divorced) or legal guardian of the above named student. **I WILL NOTIFY THE SCHOOL OF ANY CHANGES.**

SIGNATURE _____ **DATE** _____

Wenden Elementary School District #19

2025-2026 School Field/Sports Trip Permit

I, the undersigned, give permission for:

STUDENTS NAME: _____

to go to school sponsored events such as Field Trips, Sports Trips and other activities during the 2025-2026 school years, this involves out of town travel.

I understand that I may revoke this permission at any time, at my own discretion. I will give notice of such to the school in writing.

It will be my child's responsibility to notify me of any trips or out of town activities. Supervision and utmost care will be exercised during trips.

Signature _____ **Date** _____
Parent or Guardian

Emergency and Medical Information

Parent/Guardian: _____ Phone #: _____

Address: _____

Preferred Hospital: _____

Family Doctor: _____ Phone No. _____

Non-Parent to notify in case of emergency:

Name: _____ Phone No. _____

Name: _____ Phone No. _____

Name: _____ Phone No. _____

List anyone NOT allowed to have contact with student per legal papers/written notification in student's file:

____ Medical Insurance ____ AHCCCS ____ Kids Care ____ No Insurance

Insurance Carrier _____ Policy No. _____

Please list any serious allergies, disabilities or other medical conditions which the school should be aware of:

RACE and ETHNICITY DATA COLLECTION FORM

In accordance with federal guidance, a two-part question must be used to collect data about student race and ethnicity. The first part of the question is on ethnicity and the second is on race. The race question can have multiple values.

Child's Name Date _____ Date _____

Parent/Guardian Signature _____

Race/Ethnicity Two-Part Question: Answer BOTH questions.

The order of the questions is important. The ethnicity question must be asked first, and both questions must be answered.

Part 1: Ethnicity: Is this student (or is the respondent) Hispanic or Latino? (Choose only one)

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2: Race: What is the student's (or respondent's) race? (Regardless of how respondent answered the first question, choose one or more)

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



State of Arizona
Department of Education
Office of English Language Acquisition Services

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

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 _____ **SAIS ID** _____

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)



Arizona Department of Education

Office of English Language Acquisition Services

Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. **Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA).** Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse **antes** de que el estudiante tome el Examen AZELLA.

1. ¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?

2. ¿Qué idioma habla el estudiante la mayoría del tiempo?

3. ¿Qué idioma habló o entendió el estudiante primero?

Nombre del estudiante _____		Distrito Núm. de identificación _____
Fecha de nacimiento _____		SSID _____
Firma del padre o tutor _____	Fecha _____	
Distrito o Charter _____		
Escuela _____		

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.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)

**WENDEN ELEMENTARY SCHOOL DISTRICT #19
2025-2026 SCHOOL BUS RULES**

1. **FOLLOW DIRECTIONS IMMEDIATELY WHEN ASKED. DO NOT DISTRACT THE DRIVER THROUGH MISBEHAVIOR:** Drivers **MUST** watch the road and not be continually distracted by behaviors inside the bus.
2. **STAY IN YOUR SEAT:** Maximum safety requires that you stay properly seated while you are on the bus. Back to Back, Bottom to Bottom, and Feet on the Floor.
3. **KEEP ALL BODY PARTS INSIDE THE BUS AT ALL TIMES:** Objects or other vehicles could cause injury to anything hanging outside the bus.
4. **TALK QUIETLY/KEEP YOUR HANDS TO YOURSELF:** Driver needs to hear what's happening inside/outside the bus, use your inside/classroom voice. If it's not yours, don't touch it. If you can't say something nice, DON'T say anything at all.
5. **NO EATING OR DRINKING (other than water):** Anything including chewing gum and cough drops could cause you to choke if the bus stops suddenly.
6. **NO PROFANITY/VULGAR LANGUAGE:** It is unacceptable.
7. **KEEP AISLE CLEAR:** In an emergency the aisle MUST be clear to allow for a safe and timely evacuation.
8. **REMEMBER THAT RIDING THE BUS IS AN EXTENSION OF OUR SCHOOL DAY. THE SAME GOOD BEHAVIOR THAT IS EXPECTED AT SCHOOL IS EXPECTED ON THE BUS. RIDING THE BUS IS A PRIVILEGE.**

PLEASE CLIP AND SAVE BUS RULES AND RETURN THE BOTTOM SIGNED PORTION TO
THE SCHOOL.

Student Name: _____ **Grade** _____
Please Print

I have reviewed the School Bus Rules with the above name student.

Signature: _____ **Date** _____
Parent or Guardian

I have reviewed and understand the School Bus Rules.

Signature: _____ **Date** _____
Student

PARENTAL CONSENT FORM

2025-2026 SCHOOL YEAR

In accordance with the Freedom of Information and Protection of Privacy Act, Wenden Elementary School District #19 requires consent to use personal information.

Release of Student Photographs/Student Work Samples.

Wenden Elementary School requests permission to use photographs/display student work at various times throughout the school year.

(Student Name)

- ☐ Yes. I give my consent for the publication of my child's photograph/display of work samples.
- ☐ No. I do not permit the publication of my child's photograph/display of work samples.

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Wenden Elementary – Title I Parent – School Compact **2025-2026 School Year**

As part of the Wenden Elementary Title I School Improvement Project, we are asking that you and your child join us in signing a voluntary written agreement (or compact) that expresses support of your child's education and commits everyone involved in your child's education to helping him or her reach their potential as learners. We fully support this compact because it forms a partnership which we feel will lead to a successful educational experience for each student who attends Wenden Elementary School.

Staff Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Teach classes through interesting and challenging lessons that promote student achievement.
- Endeavor to motivate my students to learn.
- Have high expectations and help every child to develop a love of learning.
- Communicate regularly with families about student progress.
- Provide a warm, safe, and caring learning environment
Suggested 20 minutes of reading daily+occasional homework of approximately 30 minutes for grades K-5
Suggested 30 minutes of reading daily+occasional homework of approximately 60 minutes for grades 6-8
- Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community.
- Actively participate in collaborative decision making and consistently work with families and my school colleagues to make schools accessible and welcoming places for families which help students achieve the school's high academic standards.
- Respect the school, students, staff and families.

Student Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Come to school ready to learn and work hard.
- Bring necessary materials, completed assignments and homework.
- Know and follow school and class rules.
- Communicate regularly with my parents and teachers about school experiences so that they can help me to be successful in school.
- Limit my TV watching and instead study or read every day after school
- Respect the school, classmates, staff and families.

Family/Parent Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Provide a quiet time and place for homework and monitor TV viewing.
- Read to my child or encourage my child to read every day
20 minutes suggested for grades K-5
30 minutes suggested for grades 6-8
- Ensure that my child attends school every day, gets adequate sleep, regular medical attention and proper nutrition.
- Regularly monitor my child's progress in school.
- Participate at school activities such as school decision making, volunteering and/or attending parent-teacher conferences as well as other school functions.
- Communicate the importance of education and learning to my child.
- Respect the school, staff, students and families.

Student

Teacher

Parent/Guardian

ATTENTION

Enclosed is the Annual Notification to parents regarding confidentiality of students education (FERPA) and our parental involvement in education policy (KB).

Please sign and return this notification to the school so we can verify that you received this important information in regards to your child(ren).

Sincerely,

Gloria Dean, Superintendent

ATENCION

Incluido va la notificacion anual para los padres con respecto a la confidencialidad de los registros de educacion del estudiante (FERPA) y la poliza sobre la participaciòn de los padres en la educacion.

Por favor firme y regrese esta notificacion a la escuela para poder verificar que usted recibio esta informacion con respecto a sus hijo(s).

Sinceramente,

Gloria Dean, Directora

I, _____, have recieved the FERPA Laws & Parental Involvement in Education in regards to my child(ren),_____

Parent Signature

Date

Yo, _____, recibí las leyes de FERPA y la poliza sobre la participaciòn de los padres en la educacion con respecto a mis hijo(s)_____

Firma del Padre

Fecha

A NOTE FROM THE LIBRARY

We have many DVDs and VHS movies that are available for check-out. Some of these are rated PG.

We need your permission for the PG movies to be checked out to your child.

Please remember the check-out time for all movies is 5 days.

Each day after the 5 days is 50 cents a day, not to exceed the price of the movie.

Please sign and return if you agree to these conditions. If you do not agree, your child will not be able to check out any movies from the library.

___ Yes, my child is allowed to check out movies.

___ No, my child is not allowed to check out movies.

Student _____

Parent _____

Thank you,
The Library Staff

UNA NOTICIA DE LA BIBLIOTECA

Tenemos varios DVDS & VHS películas que están disponibles para rentarlas. Algunas son PG y necesitamos el permiso de los padres para que los estudiantes las puedan rentar.

Por favor recuerde que nada más puede rentar por los 5 días, después de los 5 días son 50 centavos por cada día que la película no sea devuelta y no excedir el precio de la película.

Por favor de firmar si está usted de acuerdo con estas condiciones. Si no está de acuerdo su hijo/a no podrá sacar películas de la Biblioteca.

Gracias, Personaje de la Biblioteca

___ Si, my hijo/a tiene permiso de rentar películas.

___ No, my hijo/a no tiene permiso de rentar películas.

Estudiante _____

Padre/Guardian _____



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

Student _____ **School** _____

School District or Charter Holder _____

Parent/Legal Guardian _____

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

- ___ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ___ Valid U.S. passport
- ___ Real estate deed or mortgage documents
- ___ Property tax bill
- ___ Residential lease or rental agreement
- ___ Water, electric, gas, cable, or phone bill
- ___ Bank or credit card statement
- ___ W-2 wage statement
- ___ Payroll stub
- ___ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

___ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date



State of Arizona
Affidavit of Shared Residence

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:

Location of my residence:

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

- ☐ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ☐ Valid U.S. passport
- ☐ Real estate deed or mortgage documents
- ☐ Property tax bill
- ☐ Residential lease or rental agreement
- ☐ Water, electric, gas, cable, or phone bill
- ☐ Bank or credit card statement
- ☐ W-2 wage statement
- ☐ Payroll stub
- ☐ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe.

☐ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona

County of _____

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

By _____.

Notary Public

My Commission Expires



Departamento de Educación de Arizona
Formulario de Documentación de Residencia en Arizona

Nombre del Estudiante _____ Nombre de Escuela _____

Distrito Escolar o Escuela Chárter _____

Padre/Tutor Legal _____

Como el padre del estudiante o representate legal, doy fe de que soy residente del estado de Arizona y presento como prueba de esta declaración copia del siguiente documento que muestra mi nombre y la dirección residencial o la descripción física de la propiedad donde reside el estudiante:

- ☐ Licencia de conducir valida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
- ☐ Pasaporte válido de los EE. UU.
- ☐ Escritura inmobiliaria o documentos de hipoteca
- ☐ Recibo de pago de impuestos sobre la propiedad
- ☐ Contrato de renta de casa/residencia
- ☐ Factura de cuenta sobre el uso de agua, electricidad, gas. Cable de TV, o teléfono
- ☐ Factura de tarjeta de crédito o de banco
- ☐ Copia de la forma W-2 sobre declaración de ingresos
- ☐ Talón del cheque de paga
- ☐ Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
- ☐ Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.
- ☐ Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.

Firma del padre/tutor legal

Fecha



Estado de Arizona Declaración Jurada de Residencia Compartida

Juro o afirmo soy un residente del Estado de Arizona y que las siguientes personas viven conmigo en mi residencia, se describe de la siguiente manera:

Las personas que viven con migo:

Ubicación de me residencia:

Yo presento en apoyo de esta declaración una copia del siguiente documento que muestra mi nombre y dirección de residencia actual o descripción física de mi propiedad.

Licencia de conducir valida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo

☐ Pasaporte válido de los EE. UU.

☐ Escritura inmobiliaria o documentos de hipoteca

☐ Recibo de pago de impuestos sobre la propiedad

☐ Contrato de renta de casa/residencia

☐ Factura de cuenta sobre el uso de agua, electricidad, gas. Cable de TV, o teléfono

☐ Factura de tarjeta de crédito o de banco

☐ Copia de la forma W-2 sobre declaración de ingresos

☐ Talón del cheque de paga

☐ Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.

☐ Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.

☐ Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.

Nombre impreso del declarante: _____

Firma del declarante: _____

Acknowledgement

Estado de Arizona

Condado de La Paz

Lo anterior fue reconocido ante me este ____ día de _____, 20____,

Por _____.

Notario Publico

Mi comisión se vence

USE OF TECHNOLOGY RESOURCES IN INSTRUCTION

ELECTRONIC INFORMATION SERVICES USER AGREEMENT

Details of the user agreement shall be discussed with each potential user of the electronic information services (EIS). When the signed agreement is returned to the school, the user may be permitted use of EIS resources.

Terms and Conditions

Acceptable use. Each user must:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- Not use the network in any way that would disrupt the use of the network by others.
- Not use the EIS for commercial purposes.
- Follow the District's code of conduct.
- Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary action up to and including expulsion for students.

In addition, acceptable use for District employees is extended to include requirements to:

- Maintain supervision of students using the EIS.
- Agree to directly log on and supervise the account activity when allowing others to use District accounts.

- Take responsibility for assigned personal and District accounts, including password protection.
- Take all responsible precautions, including password maintenance and file and directory protection measures, to prevent the use of personal and District accounts and files by unauthorized persons.

Personal responsibility. I will report any misuse of the EIS to the administration or system administrator, as is appropriate.

I understand that many services and products are available for a fee and *acknowledge my personal responsibility for any expenses incurred without District authorization.*

Network etiquette. I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages.
- *Respect privacy.* I will not reveal any home addresses or personal phone numbers or personally identifiable information.
- *Avoid disruptions.* I will not use the network in any way that would disrupt use of the systems by others.
- *Observe the following considerations:*
 - Be brief.
 - Strive to use correct spelling and make messages easy to understand.
 - Use short and descriptive titles for articles.
 - Post only to known groups or persons.

Services

The School District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information services (EIS) is used and bears the risk of reliance on the information obtained.

I have read and agree to abide by the School District policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Name _____

Signature _____ **Date** _____
(Student or employee)

School _____ Grade (if a student) _____

Note that this agreement applies to both students and employees.

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

Parent or Guardian Cosigner

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a School District administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.)

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Parent or Guardian Name (print) _____

Signature _____ **Date** _____

Wenden Elementary School

PO Box 8 * 71001 Santa Fe Ave * Wenden, AZ 85357 * 928-859-3806 * www.wendenk8.org

Student Housing Questionnaire

Please use one form per family. Return to school registration office within 14 days of receipt.

If you require additional copies, please contact your school.

NAME OF STUDENT: _____

GRADE: _____ **BIRTH DATE** ____/____/____ **AGE:** _____

OTHER CHILDREN LIVING IN THE HOME:

NAME _____ **SCHOOL** _____

NAME _____ **SCHOOL** _____

NAME _____ **SCHOOL** _____

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Veto Act 42 U.S.C. 11435.

1. Is this student's home address a temporary living arrangement, other than rental? ☐ Yes ☐ No

2. Is this a temporary living arrangement due to a loss of housing or economic hardship? ☐ Yes ☐ No

3. Is this student in a temporary foster care placement or awaiting foster care? ☐ Yes ☐ No

4. As a student, are you living with someone other than your parent or legal guardian? ☐ Yes ☐ No

If you answered YES to any of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

Where is the student currently living? (check box)

☐ In a motel ☐ Transitional housing (through community agency)

☐ In a shelter ☐ "Awaiting" Foster Care

☐ With more than one family in a house or apartment

☐ Moving from place to place

☐ In a location not designed for sleeping accommodations such as a car, park, or campsite

ADDRESS OF CURRENT RESIDENCE: _____
(OR)

NAME OF MOTEL/SHELTER OF CURRENT RESIDENCE: _____
(OR)

NAME OF "GENERAL AREA" OF CURRENT RESIDENCE: _____

PHONE NUMBER OR CONTACT NUMBER: _____ **NAME OF CONTACT:** _____

Print name of parent(s)/legal guardians: _____

(Or unaccompanied youth)

Signature of parent/legal guardian: _____ **Date:** _____

(Or unaccompanied youth)

PLEASE KEEP FOR YOUR RECORDS

Model Notification of Rights under FERPA for Elementary and Secondary Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("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 of the day the 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 record(s) 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 advise them 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 privacy of personally identifiable information in 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); a person serving on the School Board; a person or company with whom the School has outsourced services or functions it would otherwise use its own employees to perform (such as an attorney, auditor, medical consultant, or therapist); a parent or student serving 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 20202-8520

[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.]

Notificación Modelo sobre Derechos conforme a FERPA para las Escuelas Primarias y Secundarias

La Ley de Derechos Educativos de la Familia y la Confidencialidad (*Family Educational Rights and Privacy Act*), conocida por sus siglas en inglés FERPA, confiere a los padres y los estudiantes mayores de 18 años (denominados “estudiantes aptos”) ciertos derechos con respecto a los expedientes académicos o registros educativos del estudiante. Estos derechos son:

(1) El derecho a inspeccionar y revisar el expediente del estudiante en un plazo de 45 días contado de la fecha de petición de acceso.

El padre o estudiante apto debe presentar al director de Escuela [o el correspondiente funcionario escolar] una petición por escrito que señale el documento o los documentos que desea inspeccionar. El funcionario de escuela se encargará del acceso y de notificar al padre o el estudiante apto respecto a la hora y el lugar donde los documentos se pueden inspeccionar.

(2) El derecho a solicitar una modificación del registro que el padre o el estudiante apto estime inexacto o equívoco.

Un padre o estudiante apto puede pedirle a la escuela que se modifique un registro que él considere inexacto o equívoco. Debe dirigirse por escrito director de la escuela [o al correspondiente funcionario], señalar con claridad la parte del registro que desea que se modifique, y especificar por qué es inexacto o equívoco. Si la escuela determina no modificar el registro en el sentido de la petición presentada por el padre o el estudiante apto, la escuela notificará al padre o el estudiante apto sobre la decisión y le avisará sobre su derecho a una audiencia en relación con la petición de modificación. Se proporcionará información adicional al padre o el estudiante apto sobre el procedimiento de audiencia al ser notificado sobre el derecho a audiencia.

(3) El derecho a dar consentimiento para la divulgación de información susceptible de identificación personal contenida en los expedientes académicos del estudiante, salvo en los casos señalados por FERPA que autorizan la divulgación sin consentimiento.

Una excepción, que permite la divulgación sin consentimiento, se trata de la divulgación a los funcionarios escolares con intereses educativos legítimos. Un funcionario escolar es un empleado de la escuela en calidad de administrador, supervisor, instructor, o personal de apoyo (incluyendo el personal de salud o médico y el personal de la unidad de seguridad o policial); una persona que integre el Consejo Escolar; una persona o compañía con la cual la escuela contrate para desempeñar una función particular (como un abogado, un auditor, un consultor médico, o un terapeuta); o un padre o estudiante que se desempeñe en un comité oficial, tal como un comité de disciplina o de procedimientos conciliatorios de disputas laborales, o que asista a otro funcionario escolar en el ejercicio de sus funciones.

Un funcionario tiene un interés legítimo si el funcionario necesita revisar un registro educativo a fin de cumplir con su responsabilidad profesional.

[Optativo] A petición, la escuela divulgará sin consentimiento registros educativos a los funcionarios de otro distrito escolar en donde el estudiante piensa o pretende matricularse. [NOTA: Según lo dispuesto por FERPA, un distrito escolar tiene la obligación de hacer un intento razonable de notificar al padre o el estudiante apto sobre la petición de expediente a no ser que se señale en su notificación anual que tiene la intención de hacer llegar los expedientes en respuesta a la solicitud.]

(4) El derecho a presentar un reclamo ante el Departamento de Educación de EE.UU. respecto al presunto incumplimiento con los requisitos de FERPA por parte de la Escuela. El nombre y la dirección de la Oficina que administra FERPA son:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5901

[NOTA: Además, puede ser conveniente para una escuela incluir su aviso público de información de directorio junto con su notificación anual de derechos conforme a FERPA, según lo dispuesto por § 99.37 de las regulaciones.

2025-2026 Wenden Elementary School Year

4th - Independence Day

JULY 2025						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JANUARY 2026						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

5th- School Resumes
 19th Martin Luther King Jr. Day
 AZELLA - TBD
 RE-Assessment Testing Window
 30th- Tchr.P.D Days
 29th- Mid Qtr Progress Reports

4th-7th - Tchr. P.D Days
 7th All Staff Returns
 11th School Resumes
 18th-9/11th Galileo/Dibels
 Beginning Benchmark testing
 14th - Open House 6-7 pm

AUGUST 2025						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY 2026						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

Science Fair - TBD
 16th - Presidents' Day
 100th Day 2/25/25
 27th - Tchr.P.D Days

1st - Labor Day
 11th - Mid Qtr Progress Reports
 26th - Tchr. P.D Day

SEPTEMBER 2025						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MARCH 2026						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

2-3rd - Prnt/Tchr Conf 3:30-6 p.m.
 5th Awards Assembly 1:30 p.m.
 5th End of 3rd Qtr 34 days
 9 - 19th Spring Break
 AZScience
 Testing Window TBD
 27th - Tchr.P.D Days

9th - End of 1st Qtr- 35 Days
 AZELLA Assessment Testing
 Window - TBD
 40th Day 10/20/24
 13-14th - Prnt/Tchr Conf 3:30-6 p.m.
 16th-Awards Assembly 1:30 p.m.
 24th - Tchr. P.D Day
 28th - Complete Vision Care Visit

OCTOBER 2025						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL 2026						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

23rd- Mid Qtr Progress Reports
 ELA/Math State Testing
 To be Determined
 24th - Tchr.P.D Days

13th - Mid Qtr Progress Reports
 11th- Veteran's Day
 26th - School Closed
 27th - Thanksgiving Day

NOVEMBER 2025						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY 2026						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

4/27-5/14 Galileo/Dibels End of Year
 Benchmark Assessment
 25th - Memorial Day
 26-27th - Prnt/Tchr Conf 3:30-6 p.m.
 28th-Awards Assembly 1:30 p.m.
 28th - End of 4th Qtr- 39 days
 Last day of School

18th - End of 2nd Qtr- 37days
 22nd - 1/1 Winter Break
 11/24-12/11th Galileo/Dibels
 Mid Year Benchmark Testing
 15-16th-Prnt/Tchr Conf 3:30-6 p.m.
 10th - Winter Program 5 p.m.
 11th- Desert Gold Perfor. 9 am
 18th-Awards Assembly 1:30 p.m.

DECEMBER 2025						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE 2026						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

1, 2, 3 - Last Days for Teachers
 145 total days

Proposed: 1/28/25
Adopted: 1/28/25

WENDEN ELEMENTARY SCHOOL DIST#19

2025-2026 SCHOOL SUPPLY LIST

KINDERGARTEN & 1ST GRADE

- ☐ backpack, labeled with student's name
- ☐ #2 pencils
- ☐ glue sticks
- ☐ 1 4-oz bottle school glue
- ☐ 1 box of 24 crayons
- ☐ 1 water color paint set
- ☐ pencil box
- ☐ Ear buds (Computer instruction use only)
- ☐ Water bottle

2ND & 3RD GRADE

- ☐ backpack, labeled with student's name
- ☐ 1 box of 24 crayons
- ☐ #2 sharpened pencils with erasers
- ☐ 2 big erases
- ☐ 1 bottle white glue and glue sticks
- ☐ 3 spiral notebooks (wide ruled)
- ☐ 1 box colored pencils
- ☐ pencil box
- ☐ 1 box dry erase markers
- ☐ Ear buds (Computer instruction use only)
- ☐ Water bottle

GRADE 4 - 8TH GRADES

- ☐ backpack, labeled with student's name
- ☐ 1 box thin-tipped colored markers
- ☐ 1 box colored pencils
- ☐ #2 pencils
- ☐ 1 box crayons
- ☐ 1 bottle white glue
- ☐ 1 ruler with centimeter and inch markings
- ☐ 4 spiral notebooks (wide ruled)
- ☐ 2 pink pearl erasers
- ☐ Highlighters
- ☐ Notebook paper (500 sheets)
- ☐ 1 pencil box
- ☐ Pens - Black; Blue; Red & Purple
- ☐ Ear buds (Computer instruction use only)
- ☐ Water bottle

PLEASE NOTE

- Label all supplies (except those marked as do not label) with student's name in permanent marker.
- Send supplies in on the first day of school.
- Specialists may require additional school supplies after school begins.