



Superior Unified School District



Student Registration Necessary Documents

Dear Parents:

Please complete all forms provided in your registration packet. All lines and questions must be filled and answered. Once the forms are completed, please return them to the registrar at the school your child will be attending.

The following items are required when registering your child:

- ☐ Proof of Residency
- ☐ Birth Certificate
- ☐ Immunization Record
- ☐ Parent's Picture ID
- ☐ Previous School Withdrawal Form/Grades
- ☐ Individual Education Plan (IEP) (If applicable)
- ☐ Custody Papers (If applicable)

High School Only

- ☐ Student Transcript
- ☐ Standardized Test Scores

Please return registration packets, along with all required documents, to:

- ☐ John F. Kennedy Elementary School
1500 Panther Drive
Superior, AZ 85173
P: (520) 689-3000 ext. 3049
F: (520) 689-3170

- ☐ Superior JR/SR High School
100 W. Panther Drive
Superior, AZ 85173
P: (520) 689-3000 ext. 3101
F: (520) 689-3197

SUPERIOR UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION FORM - 2023/2024

SCHOOL:		SCHOOL YEAR:		TEACHER:		ROOM:		GRADE:			
STUDENT'S LEGAL NAME (AS IT APPEARS ON BIRTH CERTIFICATE):						LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS:						CITY:		STATE:		ZIP CODE:	
MAILING ADDRESS IF DIFFERENT FROM ABOVE:						NICKNAME:					
BIRTHDATE:		BIRTHPLACE (CITY, STATE):		CUSTODY ISSUES: YES NO		PHONE (REQUIRED): CELL HOME WORK CHECK IF UNLISTED					
				IF YES, PROVIDE COURT DOCUMENTS TO SCHOOL OFFICE							
THIS INFORMATION IS REQUIRED BY THE DEPARTMENT OF EDUCATION.											
ETHNICITY: (CHECK ONE) HISPANIC/LATINO NOT HISPANIC/LATINO											
RACE: (CHECK ONE OR MORE REGARDLESS OF ETHNICITY) BLACK/AFRICAN AMERICAN NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER WHITE AMERICAN INDIAN/ALASKAN NATIVE ASIAN											

SEE ENROLLING PARENT DEFINITION ON PAGE 2

ENROLLING PARENT	CONTACT THIS PERSON 1ST 2ND 3RD 4TH	GENDER: MALE FEMALE	RELATIONSHIP: (CHECK ONE) PARENT STEPPARENT GRANDPARENT FOSTER PARENT LEGAL GUARDIAN OTHER:	NAME:	PHONE: CELL HOME WORK	ALTERNATE PHONE: CELL HOME WORK
		ADDRESS: SAME AS STUDENT		EMPLOYER:		PREFERRED EMAIL ADDRESS:
PARENT	CONTACT THIS PERSON 1ST 2ND 3RD 4TH	GENDER: MALE FEMALE	RELATIONSHIP: (CHECK ONE) PARENT STEPPARENT GRANDPARENT FOSTER PARENT LEGAL GUARDIAN OTHER:	NAME:	PHONE: CELL HOME WORK	ALTERNATE PHONE: CELL HOME WORK
		ADDRESS: SAME AS STUDENT		EMPLOYER:		PREFERRED EMAIL ADDRESS:
PARENT	CONTACT THIS PERSON 1ST 2ND 3RD 4TH	GENDER: MALE FEMALE	RELATIONSHIP: (CHECK ONE) PARENT STEPPARENT GRANDPARENT FOSTER PARENT LEGAL GUARDIAN OTHER:	NAME:	PHONE: CELL HOME WORK	ALTERNATE PHONE: CELL HOME WORK
		ADDRESS: SAME AS STUDENT		EMPLOYER:		PREFERRED EMAIL ADDRESS:
PARENT	CONTACT THIS PERSON 1ST 2ND 3RD 4TH	GENDER: MALE FEMALE	RELATIONSHIP: (CHECK ONE) PARENT STEPPARENT GRANDPARENT FOSTER PARENT LEGAL GUARDIAN OTHER:	NAME:	PHONE: CELL HOME WORK	ALTERNATE PHONE: CELL HOME WORK
		ADDRESS: SAME AS STUDENT		EMPLOYER:		PREFERRED EMAIL ADDRESS:

	If my child is being sent home or must leave school and I am unavailable, I authorize the following persons to take temporary custody of and responsibility for my child. For any non-emergency circumstance, including appointments during the school day, I understand it is my responsibility to notify the school in advance when my child will leave school and to indicate who will pick my child up and take responsibility.											
	LOCAL FRIEND OR RELATIVE			RELATIONSHIP TO STUDENT			PHONE			ALTERNATE PHONE		
							CELL HOME WORK			CELL HOME WORK		
							CELL HOME WORK			CELL HOME WORK		
							CELL HOME WORK			CELL HOME WORK		
							CELL HOME WORK			CELL HOME WORK		
PHYSICIAN:				PHONE:				HOSPITAL PREFERENCE:				

	Specify health problems or any severe allergies: Heart Asthma Diabetes Hearing Allergies Other:_____						<p>I understand Superior School District does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school. I understand I may voluntarily purchase a student accident insurance plan.</p> <p>I understand I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.</p> <p>I understand if my child needs medication or other health services at school, I must make arrangements with the school office.</p>
	Please explain:_____						
	Is your child on daily medication? Yes No						
	Specify:_____						
	Recent surgery, accident, or serious illness (past year):_____						
Do you authorize the office to give your child							
Acetaminophen? Yes No Tylenol? Yes No							
Any medication allergies? Yes No Specify:_____							

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

Signature of Enrolling Parent: _____ Date: _____

FOR OFFICE USE ONLY	ENROLLMENT DATE: _____		DATE ENTERED: _____		STATE ID: _____	
	ENROLLMENT CODE: _____		ETHNICITY: _____		INITIALS: _____	
	BIRTH CERTIFICATE		IMMUNIZATIONS		PROOF OF ADDRESS	
	RECORDS REQUESTED: _____		OTHER: _____		RECORDS RECEIVED: _____	
				SCHOOL ID: _____		

SUPERIOR UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION FORM - 2023/2024

STUDENT NAME: _____ GRADE: _____ PARENT/GUARDIAN NAME: _____

PREVIOUS SCHOOLS ATTENDED	<p>Last School Attended:</p> <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> SCHOOL NAME ADDRESS DATES </div> <p>Type: Public Private Charter Alternative Other: _____</p> <p>Has this student ever attended Superior School District?</p> <p>Yes No If yes, indicate grade(s), and year(s): _____</p>																								
SIBLINGS	<p>Please list ALL brothers and sisters of school age and younger (oldest first).</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME (first and last)</th> <th style="width: 10%;">AGE</th> <th style="width: 35%;">SCHOOL (if attending)</th> <th style="width: 20%;">GRADE</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	NAME (first and last)	AGE	SCHOOL (if attending)	GRADE	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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SPECIAL CLASSES & ACCOMMODATIONS	<p>Has this student ever participated in special classes or programs? Yes No If yes, please check the appropriate box(es) below.</p> <p>ELL/English Language Development</p> <p>Speech Therapy</p> <p>Gifted/Accelerated</p> <p>Special Education</p> <p>Does this student have a current IEP? Yes No If yes, please provide a copy.</p> <p>Does this student have a current MET report? Yes No If yes, please provide a copy.</p> <p>Does this student have a current 504 plan? Yes No If yes, please provide a copy.</p>																								
LEGAL DOCUMENTS	<p>Please mark any items that apply to this student and provide the school with copies of related court documents.</p> <p>Custody/parenting time agreement</p> <p>Letters of guardianship for court appointed guardian</p> <p>Power of Attorney</p> <p>Student is not living with his/her biological parents</p> <p>Student has an injunction against harassment from/against another person</p> <p>Student has an order of protection against/from another person</p> <p>Student is covered by a court order regarding school</p>																								
DISCIPLINE INFORMATION	<p>Has this student ever been suspended from school? Yes No Date: _____</p> <p>Has this student ever been expelled from school? Yes No Date: _____</p> <p>Has either action ever been recommended for this student? Yes No Date: _____</p> <p>Length of suspension/expulsion: 1-5 days 6-10 days More than 10 days: Specify: _____</p> <p>Reason for suspension/expulsion: _____</p>																								
OTHER	<p>Transportation to and from school will be : Bus Walking Parent will transport Other: _____</p> <p>Are you an American Indian? Yes No</p> <p>What is your tribal number? _____</p> <p>I (the enrolling parent/guardian) affirm that I am an Arizona resident: Yes No</p>																								

SUPERIOR UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION FORM - 2023/2024

ENROLLING PARENT DEFINITION

The enrolling parent is ordinarily the natural parent, adoptive parent or legal guardian with whom the student lives with most of the school week and who signs school registration forms. In the event of an emergency, school staff members will attempt to contact the enrolling parent first, unless a different order is indicated. If the enrolling parent cannot be reached, the school staff will then call the other parents/guardians listed. If the enrolling parent or other parents/guardians cannot be reached, school staff will call the individuals listed as emergency contacts.

STUDENT HANDBOOKS AND BEHAVIOR GUIDELINES

Student Handbooks are updated annually and available online at www.superiorusd.org. It is the responsibility of the students and parents to review the handbook and familiarize themselves with the rules and procedures. If you need more information or would like to request a printed copy of the student handbook, please contact your child's school office.

OPT OUT OPTIONS

STUDENT INTERNET

Superior Schools provides students Internet access, which includes e-mail, calendars, documents and file storage to support academic activities. Teachers provide guidance and direction on the appropriate use of the Internet. In accordance with the federal Child Internet Protection Act (CIPA), the district uses filters to block access to Web content that is inappropriate. Unless you opt out, your child will be provided school Internet access.

DISTRICT AND NEWS MEDIA COVERAGE

Your child may be interviewed, photographed, or audio or video recorded by the news media or district staff for print, radio, television, Internet content or other medium.

DIRECTORY INFORMATION

In limited situations, the district may disclose "directory information," which is the student's name, address, e-mail address and telephone number; the parents' names, addresses, and telephone numbers; the student's photograph; date and place of birth; class/grade level; enrollment dates; weight and height if the student participates in athletics; awards received; and extracurricular participation.

Unless the parent opts out of directory information releases, the district will disclose such information only if the request is from (i) a post-secondary institution such as a college or university; (ii) a law enforcement agency; or (iii) a vendor selected by the school to provide a school related service, such as class photos and yearbooks. Under no circumstances will the district provide directory information to a person or entity for a mass marketing purpose.

HOW TO OPT OUT

You may opt out of district and news media coverage or directory information releases by completing an Opt Out form and submitting it to the school office within the first two weeks of school or enrollment, whichever is later.

You may opt out of student Internet access by completing an Opt Out form and submitting it to the school office anytime during the school year.

The Opt Out form is available in the school office or at www.superiorusd.org. The form must be resubmitted each school year. Please also share your opt out selections with your child's teacher.

ATTENDANCE

We count on parents to ensure that children attend school and arrive on time.

ABSENCES

Parents are expected to inform the school when their children will be absent. Parents should provide notes from doctors and dentists to excuse children for appointments, illnesses, or injuries.

If parents do not authorize absences within one day after their children return to school, absences are unexcused. Parents who anticipate extended absences should contact the school. If they do not, children are withdrawn from school after missing 10 (ten) consecutive days.

TARDINESS

Students are tardy if they are not seated when the bell signals the start of class.

TRUANCY

Attendance officers may talk to parents about legal consequences of truancy. If students are habitually truant or excessively absent, parents and students may be cited and referred to the court.

Students are habitually truant if they have five or more unexcused absences. They are excessively absent if they have 9 or more excused or unexcused absences per semester.

I have read and understand the information provided to me pertaining to Student Handbooks, opt out procedures, and student attendance.

Signature of Enrolling Parent: _____ Date: _____

John F. Kennedy Elementary School

1500 Panther Drive
Superior, AZ 85173
P:520-689-3000 ext. 3049
F:520-689-3170

**Superior JR/SR High School**

100 Panther Drive
Superior, AZ 85173
P:520-689-3000 ext. 3101
F:520-689-3197

2023-2024 Student Handbook Acknowledgement Form

Each year, Superior JR/SR High School and JFK Elementary School publish their Student Handbooks, which contain the most current information about school policies and procedures. The 2023-2024 Student Handbooks can be downloaded from the Superior Unified School District website by clicking on the corresponding link located under both the “Students” and “Parents” sections. Please ensure that you and your child have reviewed the most current handbook, as policies and expectations may have changed from the previous year.

If you have questions about any of the school policies, or if you would like to request a printed copy of the 2023-2024 Student Handbook, please contact the Superior JR/SR High School Office at (520) 689-3000 ext. 3101 or the JFK Elementary Office at (520) 689-3000 ext. 3049.

Please complete the following form acknowledging that you have reviewed the 2023-2024 Student Handbook and return it to your child's teacher or school office.

I, _____ (print student name) acknowledge that I have read the 2023-2024 Student Handbook, and that I fully understand the most current Superior JR/SR High School policies and guidelines. I also understand that failure to comply with these policies and guidelines may result in disciplinary action.

Student Signature Date

Parent/Guardian Signature Date

SUPERIOR UNIFIED SCHOOL DISTRICT

1500 PANTHER DRIVE, SUITE 101
SUPERIOR, AZ 85173
520.689.3000

Date: _____

Grade: _____

Student's Name: _____

Home Phone: _____

A district laptop/tablet is being loaned to the Borrower for academic purposes. The equipment is, and at all times remains, the property of Superior JR/SR High School and is lent to the borrower for educational purposes only.

Borrower may not deface or destroy this property in any way. Inappropriate use of the machine may result in the borrower losing his/her right to use this device. The equipment will be returned to the school in the same working order in which it was lent to the borrower.

The borrower may use the laptop/tablet only for non-commercial purposes in accordance with the district's policies. All policies and expectations outlined in the school's technology agreement apply to the use of the laptop/tablet during the time period of the loan agreement.

PLEASE NOTE THAT IF YOUR CHILD DAMAGES A SCHOOL LAPTOP/TABLET, YOU AS THEIR PARENT WILL BE RESPONSIBLE TO PAY FOR THE REPAIR OR REPLACEMENT OF THAT DEVICE. This not only includes the laptop/tablet, but also the charger that goes along with it. In signing this form, you agree to these terms during the entire time that your child has possession of the school device. Your son/daughter must also sign this form so that they are aware of these rules. Please discuss with your child the importance of proper handling and usage of the device.

STUDENT'S NAME: _____ COMPUTER/SERIAL #: _____

*Your son/daughter is going to be borrowing the above mentioned laptop/tablet and in signing this form you as their legal parent/guardian agree to pay for any repairs needed as a result of your child's misuse, abuse, incorrect handling, or accidental or deliberate attempt to harm said device.

PARENT/GUARDIAN'S NAME: _____ DATE: _____

Parent Signature: _____ Student Signature: _____

Phone Number: _____ Adult Email Address: _____

Student Referral Questionnaire

School Year
2023-2024

The purpose of this form is to identify and support Superior Schools students who may be eligible to receive services in accordance with the McKinney-Vento Act 42 U.S.C. 11435. Eligibility must be reviewed and reevaluated every school year. The information on this form is confidential.

STUDENT INFORMATION

Student Name _____ Grade _____ ☐ Male ☐ Female
Birth Date _____ Phone _____ Email Address _____
Last First Middle
Month/Day/Year Include Area Code

Please answer these screening questions to determine if the student might qualify for homeless support services:

Question #1

Does the student lack a fixed, regular, or adequate nighttime residence? ☐ Yes ☐ No

Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship or similar reason; car; park; campsite

Question #2

Does the student live alone or with someone other than his or her biological or adoptive parent or a legal guardian due to loss of housing or economic hardship, incarceration or deportation of parent or legal guardian, or abandonment by parent or legal guardian? ☐ Yes ☐ No

Please note: A legal guardian is a person appointed by a court to care for a student.

If you answered “**No**” to both questions, stop here. You do not need to complete the remainder of this form. Simply sign below to acknowledge you have received Superior Schools’ “Rights of Homeless Students.”

If you answered “**Yes**” to either question, sign below to acknowledge you have received Superior Schools’ “Rights of Homeless Students” and then complete the bottom portion of this form concerning the student’s living arrangements.

Signature of Parent/Guardian/Caregiver/Host: _____ Date: _____

CURRENT LIVING ARRANGEMENTS: If you answered “**Yes**” to either Question #1 or Question #2 above, please provide the following information to indicate where the student is currently living. (Check **one** box).

- ☐ In a hotel/motel (Name and location of hotel/motel: _____)
☐ In a shelter or transitional housing program (Name of shelter or program: _____)
☐ In shared housing with another family in their home due to loss of housing, economic hardship, or similar reason
☐ In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent/Guardian/Caregiver/Host (Circle One): _____

Address: _____ Email _____ Phone: _____

I affirm that all information on this form is accurate.

Signature of Parent/Guardian/Caregiver/Host: _____ Date: _____

RIGHTS OF HOMELESS STUDENTS

Superior Schools shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applies to all services, programs, and activities provided or made available.

A student may be considered eligible for services as a "Homeless Child or Youth" under the McKinney-Vento Homeless Assistance Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program
- In a hotel/motel, campground, or similar situation due to lack of alternatives
- At a bus station, park, car, or abandoned building

According to the McKinney-Vento Homeless Act, eligible students have rights to:

Immediate enrollment: *Documentation and immunization records cannot serve as a barrier to the enrollment in school.*

School Selection: *McKinney Vento eligible students have a right to select from the following schools:*

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)

Remain enrolled *in his/her selected school for the duration of homelessness, and until the end of the academic year upon which they are permanently housed.*

Participate in programs *for which they are eligible, including Title I, National School Lunch Program, Head Start, Even Start, etc.*

For more information, refer to <http://www.azed.gov/populations-projects/home/homeless/>



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)

**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, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)

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

Signature of Parent/Legal Guardian

Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



State of Arizona

Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

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

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

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

My Commission Expires: _____

Notary Public