



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

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 documentation that your child is up to date on all immunizations. They cannot enroll in school until current.

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 ___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: <input type="checkbox"/> Contact Only <input type="checkbox"/> Education Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailing Allowed		
<input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release to <input type="checkbox"/> Deceased <input type="checkbox"/> 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: <input type="checkbox"/> Contact Only <input type="checkbox"/> Education Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailing Allowed		
<input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release to <input type="checkbox"/> Deceased <input type="checkbox"/> 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 an immunization record according to the Arizona Department of Health)*

_____ **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 fax unofficial transcript and mail official transcript

___ BIRTH CERTIFICATE

___ IMMUNIZATION/MEDICAL RECORDS

___ STATE STANDARDIZED TESTS (AIMS/Stanford/AzMERIT)

___ SPECIAL EDUCATION/PSYCHOLOGICAL

___ ELL RECORDS INCLUDING ASSESSMENTS

___ SOCIAL AND EDUCATIONAL RECORDS

___ DISCIPLINE RECORDS

___ WITHDRAWAL FORM/ SAIS ID

___ ATTENDANCE RECORDS

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: fbpregristrar@qcusd.org

___ **Gateway Polytechnic Academy** * 5149 S. Signal Butte, Mesa, AZ 85212 * Phone: (480) 987-7440 Email: gperegistrar@qcusd.org

___ **Jack Barnes Elementary** * 20750 South 214th Street, Queen Creek, AZ 85142 * Phone: (480) 987-7400 Email: jberegristrar@qcusd.org

___ **Katherine Mecham Barney Elementary***19684 South 225th Place, Queen Creek, AZ 85142*Phone (480) 474-6720 Email: kmbregistrar@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: qcchsregistrar@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

Faxed to school: _____ Faxed to SPED: _____

MIGRANT EDUCATION PROGRAM - PARENT SURVEY

SCHOOL DISTRICT: _____

DATE COMPLETED: _____

OF CHILDREN IN HOUSEHOLD: _____

AGES OF CHILDREN: _____

NAME OF SCHOOL ATTENDED BY CHILD(REN): _____

Please complete this form to determine if your child(ren) may qualify to receive additional services under Title I, Part C, Migrant Education Program.

1. Have your child(ren) been enrolled in the Migrant Education Program in the state of Arizona or any other state?

YES NO

If yes, please indicate the date and state where your child(ren) received services:

2. In the last three (3) years has your family made a move to search or work in another city, county, or state?

YES NO

If yes, what is the date your family arrived in the city/town you reside in at this time?

3. Has anyone in your immediate family worked in one of the occupations listed below, either as a seasonal or temporary (less than 12 months) employee? **Check ALL that apply:**

Agriculture: planting/picking vegetables/fruits such as tomatoes, lettuce, squash, broccoli, strawberries

Planting: planting seeds, growing or cutting trees, raking pine straw

Processing/packing agriculture products: cleaning, weighing, cutting, sorting, freezing, packing

Diary/Poultry/Livestock: herding, handling, feeding, branding, slaughtering, cutting, trimming, deboning

Meatpacking/Meat processing/Seafood: skinning, hanging, cutting, trimming, freezing

Fishing: scaling, cutting, freezing, dressing, enclosing the raw product in a container

Other: Please specify occupation: _____

Name of Parent(s) or Legal Guardian(s): _____

Current Address: _____

City/State/Zip: _____ Contact Number: _____

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 in an unsheltered location (e.g. storage unit, tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)? YES NO
3. Is your family staying with a friend or relative because of loss of housing, economic hardship, or similar reasons? 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

National Certificate of Eligibility

Arizona Migrant Education Program

State Name: _____

I. FAMILY DATA

Parent/Guardian 1: _____ Parent/Guardian 2: _____
Last Name, First Name Last Name, First Name

Current Address: _____
City State Zip Telephone

II. CHILD DATA

Last Name	Last Name	Suffix	First Name	Middle Name	Sex	BirthDate	MB	Code	Residence date

III. QUALIFYING MOVES & WORK

1. The child(ren) listed on this form moved due to economic necessity from a residence in

_____ School district / City/State / Country to a residence in

_____ School district / City / State .

2. The child(ren) moved (complete both a. And b.):
- a. as the worker, OR with the worker, OR to join or precede the worker.
 - b. The worker,

_____ First Name Last Name of Worker, is the child or the child's parent/guardian spouse.

i. (Complete if "to join or precede" is checked in 2a.) The child(ren) moved on _____ . The worker moved on _____ .
 (provide comment)

3. The Qualifying Arrival Date was _____ (provide date).

4. The worker moved due to economic necessity on _____ from a residence in School district _____ / City _____ / State/ _____ Country to a residence in School district _____ / City _____ / State _____ , and:

- a. engaged in new qualifying work soon after the move (provide comment if worker engaged more than 60 days after the move); OR
- b. actively sought new qualifying work, AND has a recent history of moves for qualifying work (provide comment)

5. The qualifying work,* describe agricultural or fishing work , was (make a selection in both a. and b.):

- a. seasonal OR temporary employment
- b. agricultural OR fishing work
- If applicable, check: personal subsistence (provide comment)

6. (Complete if "temporary" is checked in #5a) The work was determined to be temporary employment based on:

- a. worker's statement (provide comment), OR
- b. employer's statement (provide comment), OR
- c. State documentation for Employer

IV. COMMENTS (Must include 2bi, 4a, 4b, 5, 6a and 6b of the Qualifying Moves & Work Section, if applicable.)

V. INTERVIEWEE SIGNATURE

I understand the purpose of this form is to help the State determine if the child(ren)/youth listed on this form is/are eligible for the Title I, Part C, Migrant Education Program. To the best of my knowledge, all of the information I provided to the interviewer is true.

_____ Signature Relationship to the child(ren) Date

VI. ELIGIBILITY DATA CERTIFICATION

I certify that based on the information provided to me, which in all relevant aspects is reflected above, I am satisfied that these children are migratory children as defined in 20 U.S.C. 6399 and implementing regulations, and thus eligible as such for MEP services. I hereby certify that, to the best of my knowledge, the information is true, reliable, and valid and I understand that any false statement provided herein that I have made is subject to fine or imprisonment pursuant to 18 U.S.C. 1001.

_____ Signature of Interviewer Date

_____ Signature of Designated SEA Reviewer Date



**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, 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

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).

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 institutionalized 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.

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)



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 2024-May 2025. 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?

- | | |
|--|---|
| <input type="checkbox"/> No medical conditions | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Severe Allergies | <input type="checkbox"/> Hearing Problems/Aids |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bladder Condition |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Suppressed Immune System |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Concussion History |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Stomach/GI |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> 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: _____