



# *Queen Creek School District No.95*

20217 East Chandler Heights Road, Queen Creek, Arizona 85142 Phone (480) 987-5935 Fax (480) 987-9714

## **Registration Requirements**

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

### **PROOF OF RESIDENCY**

Enrolling parent/guardian 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 document 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 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**

Student must have 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    SE    SVE    QCE    QCJHS    NBJHS    EHS    QCHS    CHS    QCVA

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID #
GRADE	GENDER	HOME LANGUAGE	DATE OF BIRTH
		NICK NAME	SAIS ID #

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 THAN PHYSICAL HOME ADDRESS)	CITY	STATE	ZIP CODE

**WHO DOES STUDENT LIVE WITH (Circle One):** BOTH PARENTS   MOTHER   FATHER   STEP-MOTHER   STEP-FATHER   GUARDIAN   FOSTER

MOTHER'S NAME	CELL PHONE	EMAIL ADDRESS
HOME PHONE	WORK PHONE	EMPLOYER
CHECK BOXES THAT APPLY: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Education Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release to <input type="checkbox"/> Deceased <input type="checkbox"/> Other		

FATHER'S NAME	CELL PHONE	EMAIL ADDRESS
HOME PHONE	WORK PHONE	EMPLOYER
CHECK BOXES THAT APPLY: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Education Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings 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?**    NO    YES   AM ROUTE # \_\_\_\_\_   PM ROUTE # \_\_\_\_\_

<b>EMERGENCY CONTACTS:</b> <i>Please list them in the priority that you would like them called</i>		
1.	_____	_____
	CONTACT NAME	RELATIONSHIP TO STUDENT
		PHONE NUMBER(S)
2.	_____	_____
	CONTACT NAME	RELATIONSHIP TO STUDENT
		PHONE NUMBER(S)
3.	_____	_____
	CONTACT NAME	RELATIONSHIP TO STUDENT
		PHONE NUMBER(S)
4.	_____	_____
	CONTACT NAME	RELATIONSHIP TO STUDENT
		PHONE NUMBER(S)

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 1  
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 your 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 you 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 of 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, that 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#:	GRAD YEAR:
AZ ENTRY DATE:		RESIDENT DISTRICT:	ENROLL DATE/CODE:	
ENTERED BY:			DATE:	

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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\*\*

- |   |  |
|---|--|
| <input type="checkbox"/> REPORT CARDS/TRANSCRIPTS INCLUDING WITHDRAWAL GRADES |  |
| <input type="checkbox"/> BIRTH CERTIFICATE                                    | <input type="checkbox"/> IMMUNIZATION/MEDICAL RECORDS              |
| <input type="checkbox"/> STATE STANDARDIZED TESTS (AIMS/Stanford/AzMERIT)     | <input type="checkbox"/> SPECIAL EDUCATION / PSYCHOLOGICAL RECORDS |
| <input type="checkbox"/> ELL RECORDS INCLUDING ASSESSMENTS                    | <input type="checkbox"/> SOCIAL AND EDUCATIONAL RECORDS            |
| <input type="checkbox"/> DISCIPLINE RECORDS                                   | <input type="checkbox"/> WITHDRAWAL FORM/ SAIS ID                  |
| <input type="checkbox"/> 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 85142-8987\* Phone: (480) 987-5912 Email: dmeregistrar@qcusd.org
- Faith Mather Sossaman Elementary** \* 22801 Via Del Jardin, Queen Creek, AZ 85142\* Phone: (480) 474-6900 Email: fmsregistrar@qcusd.org
- Frances Brandon Pickett Elementary** \*22076 E Village Loop Rd, Queen Creek, AZ 85142 \* Phone: (480) 987-7420 Email: fbpregistrar@qcusd.org
- Gateway Polytechnic Academy** \* 5149 S. Signal Butte, Mesa, AZ 85212 \* Phone: (480) 987-7440 Email: gperegistrar@qcusd.org
- Jack Barnes Elementary** \* 20750 South 214th Street, Queen Creek, AZ 85142 \* Phone: (480) 987-7400 Email: jberegistrar@qcusd.org
- Katherine Mecham Barney Elementary**\*19684 South 225th Place, Queen Creek, AZ 85142\*Phone (480) 474-6720 Email: kmbregistrar@qcusd.org
- Queen Creek Elementary** \* 23636 South 204th Street, Queen Creek, AZ 85142 \* Phone: (480) 987-5920 Email: qceregistrar@qcusd.org
- Schnepf Elementary**\* 26161 South 231 Street, 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 Junior High** \* 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 85142-7750 \* Phone: (480) 987-5973 Email: qchsregistrar@qcusd.org
- Eastmark High School** \* 9560 East Ray Road, Mesa, AZ 85212 \* Phone: (480) 474-6950 Email: ehsregistrar@qcusd.org
- Crismon High School** \* 21942 East Riggs Road, Queen Creek, AZ 85142 \* Phone: (480) 987-5583 Email: chsregistrar@qcusd.org
- Other** \* \_\_\_\_\_

Faxed to School \_\_\_\_\_

Faxed to SPED \_\_\_\_\_



**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)

# Queen Creek School District No.95

## Family Resource Center

20435 South Old Ellsworth Road, Queen Creek, Arizona 85142 Phone (480) 987-5988 Fax (480) 987-5919

### Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Assistance Act, U.S.C.A. 42 Section 11302 (a). Your answers will help us determine residency information necessary for potential services for this student.

#1. Presently, where is the student living? <i>Check one box:</i>	
Section A	Section B
<input type="checkbox"/> In a motel <input type="checkbox"/> In a shelter <input type="checkbox"/> With more than one family in a house or apartment due to economic hardship <input type="checkbox"/> Moving from place to place <input type="checkbox"/> In a place not designed for ordinary sleeping accommodations (ex. car, park, campsite) <b>CONTINUE:</b> If you checked a box in Section A, <i>Complete #2</i> and the remainder of this form.	<input type="checkbox"/> Choices in <b>Section A</b> do not apply  <b>STOP:</b> If you checked this section, you do not need to complete the remainder of this form. Submit to school personnel.
#2. The student lives with:	School
<input type="checkbox"/> Parent(s) / Legal Guardian(s) <input type="checkbox"/> Relative(s), friend(s) or other adult(s) <input type="checkbox"/> Alone with no adult	<input type="checkbox"/> Desert Mountain Elementary <input type="checkbox"/> Faith Mather Sossaman Elementary <input type="checkbox"/> Frances Brandon-Pickett Elementary <input type="checkbox"/> Gateway Polytechnic Academy <input type="checkbox"/> Jack Barnes Elementary <input type="checkbox"/> Katherine Mecham Barney Elementary <input type="checkbox"/> Schnepf Elementary <input type="checkbox"/> Silver Valley Elementary <input type="checkbox"/> Queen Creek Elementary <input type="checkbox"/> Newell Barney Junior High School <input type="checkbox"/> Queen Creek Junior High School <input type="checkbox"/> Eastmark High School <input type="checkbox"/> Queen Creek High School <input type="checkbox"/> Crismon High School <input type="checkbox"/> Queen Creek Virtual Academy
Student Information	
Name of Student: (last, first, middle) _____	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
DOB	___/___/___
AGE	___
S.S. # (if known)	___/___/___
Other Student Information	
Name of Parent/Legal Guardian(s) (if available): _____	
Residence: _____	Zip: _____ Telephone: _____
Mailing Address: _____	Zip: _____
Alternative contact person: _____	Alternative contact telephone#: _____

Signature of Parent/Legal Guardian: \_\_\_\_\_

**School use only-Campus Administrator's determination of Section A circumstances:**

- \_\_\_ Student lives apart from parent/guardian for school purposes.
- \_\_\_ Student and parent live with another family-not homeless.
- \_\_\_ Student comes under the McKinney Vento Act.

**Instructions for Registrars:**

1. Mark in PEIMS as appropriate.
2. Send questionnaire to campus/district administrator.
3. Questionnaires of qualified students.
4. Discard questionnaires of non-qualifying students.

# CONFIDENTIAL QUESTIONNAIRE FOR PARENTS

Dear Parents:

Our school district is conducting a survey through use of this questionnaire to determine the number of migrant children residing in our district. Please fill out this form and return it to the school receptionist.

**Thank you!**

---

**Student Name**

---

**Street Address**

---

**Date of birth**

---

**Place of Birth**

---

**Grade**

---

**Home/Cell Phone**

---

**Father's Name**

---

**Mother's Name**

**School (check one):**

Desert Mountain Elementary

Silver Valley Elementary

Faith Mather Sossaman Elementary

Queen Creek Elementary

Frances Brandon-Pickett Elementary

Newell Barney Junior High School

Gateway Polytechnic Academy

Queen Creek Junior High School

Jack Barnes Elementary

Eastmark High School

Katherine Mecham Barney Elementary

Queen Creek High School

Schnepf Elementary

Crismon High School

Queen Creek Virtual Academy

1. Have you, your spouse, and/or your children moved to this school district within the past 12 months?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

2. Are you and/or your spouse currently employed in agriculture or are you looking for agricultural work?

**Examples include:**

\*Picking fruits/vegetables

\*Irrigating soil, trees, plants

\*Ranch related work

\*Cultivating/harvesting trees

\*Dairy related work

\*Packing or processing fruits/vegetables

\*Orchard related work

\*Operating agricultural machinery

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_





**Arizona Department of Education**  
**Arizona Residency Guidelines**  
**9/22/11**

**INTRODUCTION**

Generally, under Arizona law, only Arizona residents are entitled to a free public education. The Arizona Department of Education (“Department”) is a designated steward of state education tax dollars and is responsible for providing state aid to school districts and charter schools for students who reside in Arizona. Pursuant to A.R.S. § 15-823(J), a school district or charter school may not include non-resident pupils in their student count and may not obtain state aid for those pupils. The residency of a student is determined by the residency of the parent or guardian with whom the student lives. Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that their student/parent residency information is accurate and verifiable. The Department may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student’s residency status may be required to repay the state aid received for that student.

**VERIFIABLE DOCUMENTATION**

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 **must be provided each time a student enrolls in a school district or charter school in this state, and reaffirmed during the district or charter’s annual registration process via the district or charter’s annual registration form. The documentation supporting Arizona residency should be maintained according to the school’s records retention schedule.**

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

**1. Parent(s) or legal guardian(s) that maintains his or her own residence:** The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide **one** of the following documents, which bear the parent or legal guardian’s full name and residential address or physical description of the property where the student resides (no P.O. Boxes):

- Valid Arizona driver’s license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid United States passport
- Property deed
- Mortgage documents

- Property tax bill
- Rental agreement or lease (including Section 8 agreement)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)

**2. Parent(s) or legal guardian(s) that does not maintain his or her own residence:** The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit bearing the name and address of the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the bulleted list above bearing the name and address of the person who maintains the residence. A model affidavit is available for schools at: <http://www.azed.gov/finance/files/2011/10/arizona-residency-guidelines.pdf> .

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

School officials must **retain a copy** of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indicia of residency; however, documentation is subject to audit by the Department. Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing.



**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

Queen Creek Unified School  
District Consent for Medical Treatment and Medical Information Form

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Primary Telephone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

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 2022 – May 2023. 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 screenings include 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.

Signature: \_\_\_\_\_

Mother ( )    Father ( )    Legal Guardian ( )

Date: \_\_\_\_\_

Who does student live with \_\_\_\_\_

**Parent/Guardian Information**

Mom's name \_\_\_\_\_

Phone(cell): \_\_\_\_\_ Phone (work) \_\_\_\_\_

Email: \_\_\_\_\_

Dad's name \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (work) \_\_\_\_\_

Email: \_\_\_\_\_

Who does student live with? \_\_\_\_\_

Please list emergency contacts by the priority in which you want them to be contacted in the event of emergency and parent/guardian is unavailable.

Emergency contact 1: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact 2: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact 3: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Student ID: \_\_\_\_\_

**Health History**

Has your child ever been diagnosed by a physician with the following conditions?    No medical conditions

ADD/ADHD     Skin Problems

Severe Allergies     Vision Problems

Lung Condition     Hearing Problems/Aids

Heart Problems     Bladder Condition

Diabetes     Mental Health Condition

Bleeding Disorder     Suppressed Immune System

Epilepsy/Seizures     Concussion History

Depression     Stomach/GI

Bone/Joint Condition     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?

\_\_\_\_\_

**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 health office prior to giving medication.)

Medication name and dose

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

What is medication used for?

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

Siblings in Queen Creek Schools

Name \_\_\_\_\_ Grade/School \_\_\_\_\_

Name \_\_\_\_\_ Grade/School \_\_\_\_\_

Name \_\_\_\_\_ Grade/School \_\_\_\_\_

Name \_\_\_\_\_ Grade/School \_\_\_\_\_



# Queen Creek School District No.95

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## QCUSD Medication Administration Procedures

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

1. Doctor's orders must be presented to the school.
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 (ask the pharmacist to prepare a special container for school use).
3. **Parent/Legal Guardian Consent to Administer Medication** form must be signed and on file with the school nurse and/or health assistant. A release form is available through the health office.
4. Only the parent or legal guardian may bring the medication to school. Students are **NOT** allowed to transport medication **EXCEPT** an asthma inhaler and/or emergency Epi-pen (with a current prescription for the student). A prescription label **MUST BE ON** the inhaler/Epi-pen, **AND** the student's physician has signed that student is allowed to carry these medications.
5. 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.
6. All over-the-counter medication must be approved by the Food & Drug Administration and be kept in original container with label and package directions. Only district approved OTC medication can be administered without a doctor's prescription. A physician's note will be required to give acetaminophen or ibuprofen for more than 5 days per month.

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 Number \_\_\_\_\_  
Allergies \_\_\_\_\_

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 Benadryl (diphenhydramine HCL)  
YES / NO Cough Drop  
YES / NO Neosporin (triple antibiotic cream)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date