



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

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__ __QCIHS__ __NBJHS__ __EHS__ __QCHS__ __CHS__ __QCVA

LAST NAME

FIRST NAME

MIDDLE NAME

STUDENT ID #

GRADE

GENDER

HOME LANGUAGE

NICK NAME

SAIS ID #

DATE OF BIRTH

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: ☐ Contact Allowed ☐ Education Rights ☐ Has Custody ☐ Mailings Allowed
☐ Enrolling Parent ☐ Release to ☐ Deceased ☐ Other

FATHER'S NAME

CELL PHONE

EMAIL ADDRESS

HOME PHONE

WORK PHONE

EMPLOYER

CHECK BOXES THAT APPLY: ☐ Contact Allowed ☐ Education Rights ☐ Has Custody ☐ Mailings Allowed
☐ Enrolling Parent ☐ Release to ☐ Deceased ☐ Other

WILL YOUR STUDENT RIDE THE BUS TO OR FROM SCHOOL? ☐ NO ☐ YES AM ROUTE # PM ROUTE #

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

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:

Queen Creek School District No.95

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

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 RECORDS

___ 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: 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 * 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) 987-5583 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 _____



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

☐ Silver Valley Elementary
☐ Queen Creek Elementary
☐ Newell Barney Junior High School
☐ Queen Creek Junior High School
☐ Eastmark High School
☐ Queen Creek High School
☐ 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
*Ranch related work
*Dairy related work
*Orchard related work

*Irrigating soil, trees, plants
*Cultivating/harvesting trees
*Packing or processing fruits/vegetables
*Operating agricultural machinery

Yes_____ **No**_____



Arizona Department of Education
Arizona Residency Guidelines
REVISED 11/08/2021

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

INTRODUCTION

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

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

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

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

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>.

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 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).

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

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.

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.

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**

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



**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.

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

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

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

Arizona Interscholastic Association Eligibility Warning

Including: Athletics, Spirit line and other AIA activities
Read **BEFORE** Enrolling at Queen Creek High School

Transferring Students

If you are a transferring student please be advised that 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 at the first time you enter as a ninth grader.

List all 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 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 _____