



CAVE CREEK UNIFIED SCHOOL DISTRICT
community inspired • globally prepared

WELCOME TO:

KINDERGARTEN
IN
CCUSD

Student Registration Packet
Kindergarten

School year 2023-2024

PO Box 426, Cave Creek, AZ 85237 • 480-575-2000 • www.ccusd93.org

ITEMS NEEDED FOR REGISTRATION

Please complete all forms as clearly as possible.

1. **Proof of Residence** – The residency of a student, natural or adoptive parent, or other person to whom custody of the student has been granted by court order shall be based upon evidence of the individual's physical address and intent to remain in the District. Such evidence of residency may include, without limitation, landlord-tenant agreements, rent receipts, and receipts for utility payments.

Acceptable:

- Copy of current major utility bill (APS, City of Phoenix, or Southwest Gas) OR
 - Copy of mortgage documents OR
 - Notarized statement from owner/renter indicating names of people who are living with the owner/renter OR
 - Valid Arizona motor vehicle registration
2. **Certified State Birth Certificate** (copy will be made at registering school)
 3. **Verifiable Medical Proof of Immunization Records**
 - ❖ Immunizations must be age appropriate at the time of registration
 - ❖ If additional immunizations are required due to age, parent must provide medical proof before the child can be enrolled and placed on a class list.
 4. **Withdrawal form from previous school** (if applicable)
 5. **Current court ordered custody paperwork, Orders of Protection & proof of service thereof, Temporary/Legal Guardianship papers** ** (if applicable)
 6. **Valid parent/guardian ID**
 - Valid driver's license
 - Valid passport
 - Valid state issued identification card

**Thank you for your cooperation.
We look forward to welcoming your family to the
Cave Creek Unified School District**

*Certified copy of Birth Certificate or other acceptable documentation as per CCUSD® Board Policy JF and A.R.S. 15-828

**PLEASE NOTE: Having sole custody of a child does not prevent CCUSD®, by law, from sharing child's information with another parent. You must present a valid court document that states other parent is NOT entitled to receive any information regarding child. (A.R.S. 25-402(k); 25-403.6). Only a court can give custody of a child to another person other than child's parent(s). A Power of Attorney is only good for 6 months.

Dear Parent/Guardian;

For the health of our students and staff, and per A.R.S. 15-872 and CCUSD Policy JLCB, we are requiring proof of current vaccination status or a valid exemption form prior to the first day of school attendance for all students. Exemption forms are available at your child's school or at the Arizona Department of Public Health. Immunization requirements are also located at the Arizona Department of Public Health.

By state law, your child will not be allowed to attend school until either an up-to-date record of immunization(s) or state exemption form is submitted. If you have questions or need additional information please contact your child's school. Information on immunizations and locations of free vaccinations clinics can be found at The Arizona Partnership for Immunizations (TAPI) www.whyimmunize.org or (602) 288-7568. If you need immediate response, call the Maricopa County Health Department (602) 506-6767. The City of Phoenix Fire Department has immunization clinics at: www.phoenix.gov/fire/babyshots.html

Thank you for keeping our children healthy by complying with the vaccination requirements and Arizona State Laws regarding immunizations.

CAVE CREEK UNIFIED SCHOOL DISTRICT #93 STUDENT REGISTRATION FORM

STUDENT INFORMATION

STUDENT'S NAME _____ GRADE: _____
(First, Middle, Last) (per birth certificate)

GENDER: M F DATE OF BIRTH: _____ PLACE OF BIRTH: _____
City State Country

RACE ORIGIN: American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

ETHNICITY: Hispanic/Latino

STUDENT'S PHYSICAL ADDRESS: (street, city, state, zip) (Proof of residency must be provided)

STUDENT'S MAILING ADDRESS: (Must be filled in if mailing address is a PO Box)

PARENT INFORMATION Is the student in foster care? Yes No *Mandatory copy of court documents

Legal Parent/Guardian

Name: _____ GENDER: M F

Address: _____
(Only if different from student)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Please check all that apply: Custodial Parent Lives with Student No Contact allowed* Mail Correspondence

Legal Parent/Guardian

Name: _____ GENDER: M F

Address: _____
(Only if different from student)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Please check all that apply: Custodial Parent Lives with Student No Contact allowed* Mail Correspondence

*PLEASE NOTE: Having sole custody of a child does not prevent CCUSD, by law, from sharing child's information with another parent. You must present a valid court document that states other parent is NOT entitled to receive any information regarding child. (A.R.S. 25-402(k); 25-403.6) Only a court can give custody of a child to another person other than child's parent(s).

Office Use Only: Date of Entry _____		ID# _____	
BMES <input type="checkbox"/> <u>DSA</u> <input type="checkbox"/> DWES <input type="checkbox"/> HTES <input type="checkbox"/> LMES <input type="checkbox"/> STMS <input type="checkbox"/> CSHS <input type="checkbox"/> DPS <input type="checkbox"/> Academy of Excellence (100% online) <input type="checkbox"/>			
Grid Code: _____		Enrollment Code: _____	
Bus Stop: _____		Bus Route: _____	

BROTHERS/SISTERS (Full Name)	AGE	SEX	GRADE	SCHOOL
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

STUDENT HISTORY

Has the student attended school in the Cave Creek School District before? Yes No

If yes, what was the name of the school: _____ Last grade attended: _____

Name of school last attended by the student: _____

Has the student ever been expelled or received a long-term suspension? Yes No

If yes, name of school: _____ Date of incident: _____

Has the student been educated in the United States for at least 3 consecutive years prior to today: Yes No

- Does/has the student previously participated in a Special Education Program? Yes No
- Does/has the student currently have a 504 Accommodation Plan? Yes No
- Does/has the student participate in an ELL Program? Yes No
- Does/has the student participate in a Title I Program? Yes No
- Does/has the student participate in a Gifted Program? Yes No

If yes, what school: _____

What kind of program: _____

1ST EMERGENCY CONTACT INFORMATION

Relationship to child: _____

Name: _____

Home phone: _____

Cell phone: _____

Can pick up student from school? Yes No

2ND EMERGENCY CONTACT INFORMATION

Relationship to child: _____

Name: _____

Home phone: _____

Cell phone: _____

Can pick up student from school? Yes No

3rd EMERGENCY CONTACT INFORMATION

Relationship to child: _____

Name: _____

Home phone: _____

Cell phone: _____

Can pick up student from school? Yes No

4th EMERGENCY CONTACT INFORMATION

Relationship to child: _____

Name: _____

Home phone: _____

Cell phone: _____

Can pick up student from school? Yes No

Please be advised your emergency pick up designee will be required to show a legal valid proof of identification such as a driver's license, legal state identification.

MISCELLANEOUS INFORMATION

Why did you choose Cave Creek Unified School District:

- Moved into district Excelling Schools Programs Athletics
 High Student Achievement CCUSD Reputation
Other _____

How did you hear about Cave Creek Unified School District:

- Referral/Friend CCUSD Website Radio Newspaper Neighborhood School



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?

***Parent must sign**

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)

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



Office of English Language Acquisition Services
Encuesta sobre el Idioma en el Hogar

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

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

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

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

***El padre/madre debe firmar**

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

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

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

McKinney-Vento Eligibility Questionnaire

This questionnaire is designed to address the McKinney-Vento Act U.S.C. 11435. The answers will help determine the services that the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No
2. If temporary, is this living arrangement due to loss of housing or economic hardship?
 Yes No

If you answered YES to questions 1 and 2, please complete the remainder of this form. If you answered NO to either question, you may stop here.

Check any that apply:

Section A	Section B
<input type="checkbox"/> Living in a shelter or grouphome <input type="checkbox"/> Doubled up with relative or friends due to loss of housing or economic hardship <input type="checkbox"/> Living in a motel, car, campsite or other inadequate housing <input type="checkbox"/> Living with friends or family members (other than parent/guardian)	<input type="checkbox"/> Choices in section A do not apply

If you checked an answer in section A, please complete the rest of this form and turn in with your registration. If you checked the answer in section B, you do not need to complete this form.

Name of Student _____ Birthdate _____

Grade _____ School _____

Parent(s)/Guardian(s)

Temporary/Current Address

City _____ State _____ Zip Code _____

Parent/Guardian Signature

*Enrolling school, please forward completed forms to Julie Donegan in the ESS department at the District Office.



Arizona Department of Education Arizona Residency Form

Student _____ 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)
- _____ 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.



State of Arizona Affidavit of Shared Residence

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

Persons who reside with me:

Location of my residence:

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

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

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

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

Notary Public

My Commission Expires:

#2306606



Student Release Form

Student Name _____ Grade _____ School _____

My child will be riding the bus.

Yes No

Permission to photograph and/or film my child for use by the district, individual school websites, or news media for the purpose of informing the public of our schools.

Yes No

Permission to release my child's name for use by the district, individual school websites, news media, yearbook and school directories for the purpose of informing the public of programs provided by our school.

Yes No

Permission to release address, phone number, and/or email address to parent organizations, district-approved organizations and for use in a district-wide directory.

Yes No

Permission for my child to participate in "in-district" field trips.

Yes No

Permission for CCUSD to text message my cell phone listed with emergency contact information.

Yes No

Permission for my child to participate in surveys administered at his/her school.

Yes No

Parent/Guardian Signature

Date

Cave Creek Unified School District

HEALTH HISTORY

Student Name: _____

Student #: _____

Date of Birth: _____

Gender: Female Male

Grade Level: _____

Student has current health concerns: Y N *Y, please contact school health office

Please check any conditions present NOW and in the past.

	YES		YES
<input type="checkbox"/> Allergy to: Usual reactions: Medications needed at school Y = see school health office		<input type="checkbox"/> Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	
<input type="checkbox"/> Asthma: Medications needed at school Y = see school health office		Age Diagnosed: <input type="checkbox"/> Thyroid Condition	
<input type="checkbox"/> Nasal/Sinus Condition		<input type="checkbox"/> Cancer History	
<input type="checkbox"/> Pneumonia in the past		<input type="checkbox"/> Migraines or Chronic Headaches	
<input type="checkbox"/> Heartburn/GERD		<input type="checkbox"/> History of Severe Head Injury	
<input type="checkbox"/> Ulcers/Colitis/Crohn's		<input type="checkbox"/> Seizure Condition (Type): Medications needed at school Y = see school health office	
<input type="checkbox"/> Bladder/Kidney Infections		<input type="checkbox"/> Cerebral Palsy	
<input type="checkbox"/> Heart Condition		<input type="checkbox"/> Learning Disability	
<input type="checkbox"/> Bone or Joint Problem		<input type="checkbox"/> Attention Deficit Disorder Medications needed at school Y = see school health office	
<input type="checkbox"/> Juvenile Arthritis		<input type="checkbox"/> Depression or Mental Health Condition Medications needed at school Y = see school health office	
<input type="checkbox"/> Back Problem/Scoliosis		<input type="checkbox"/> Underweight	
<input type="checkbox"/> Dental Problems		<input type="checkbox"/> Overweight	
<input type="checkbox"/> Glasses or Contacts		<input type="checkbox"/> Birth or Congenital Condition	
<input type="checkbox"/> Color Blindness		<input type="checkbox"/> Past Surgeries (Type & Year)	
<input type="checkbox"/> Other Eye Conditions			
<input type="checkbox"/> Ear Infections/Tube in the past		<input type="checkbox"/> History of Severe Illness	
<input type="checkbox"/> Hearing Loss <input type="checkbox"/> Right <input type="checkbox"/> Left			
<input type="checkbox"/> Speech Problem		<input type="checkbox"/> Other Health Conditions:	
<input type="checkbox"/> Chickenpox Year:			
<input type="checkbox"/> Skin Condition			
<input type="checkbox"/> Bleeding Disorders			

PLEASE CONTACT THE HEALTH OFFICE IF YOU HAVE CHECKED ANY YES ABOVE

List any other Disability or Health Condition Which May Limit Activities: _____

List any Medications or Supplements taken at Home only: _____

Additional Comment: _____

Parent/Guardian Signature _____ Date _____

Cell Phone: _____

Home Phone: _____

REQUEST FOR RECORDS

School Student (s) Last Attended _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ Email _____

Student Name/DOB _____ Grade _____

Student Name/DOB _____ Grade _____

Student Name/DOB _____ Grade _____

Student Name/DOB _____ Grade _____

Please send records for the student(s) listed above including:

- Withdrawal form (including AZ State ID#)
- Health records (including immunizations)
- Birth certificate
- Official transcript (high school) OR report cards/grade reports (K-8)
- Withdrawal grades for current classes from sending school
- Standardized test results
- Attendance & Discipline records
- IEP, MET, Special Education records (if applicable)
- 504 plan (if applicable)
- ECAP (Education Career Action Plan – high school only)
- Other:

I hereby authorize that the information requested be sent to the school indicated below:

Parent/Guardian or School Official Signature _____ Date _____

Please mail or email items to the selected school:
[name of school]
ATTN: Registrar
PO Box 426
Cave Creek, AZ 85327

	Phone	Fax	Email
Black Mountain Elementary	480-575-2100	480-488-6708	bhoward@ccusd93.net
Cactus Shadow High	480-575-2400	480-575-2388	seyler@ccusd93.net
Desert Sun Elementary	480-575-2900	480-575-2364	dadams@ccusd93.net
Desert Willow Elementary	480-575-2800	480-419-7265	jdennison@ccusd93.net
Horseshoe Trails Elementary	480-272-8500	480-634-5304	sfairfield@ccusd93.net
Lone Mountain Elementary	480-437-3000	480-595-1312	jmorgan@ccusd93.net
Sonoran Trails Middle	480-272-8600	480-272-8699	jcoururier@ccusd93.net

**CAVE CREEK UNIFIED SCHOOL DISTRICT NO.93
NEW STUDENT SCREENING FORM**

According to State and Federal regulations, each new student shall be screened within **45 calendar days** following enrollment. Hearing and vision screening is done by the school nurse in accordance with the Department of Health Services Guidelines.

TO BE FILLED OUT BY LEGAL PARENT/GUARDIAN

Student's Name: _____ Sex: M F Birthdate: _____
 School: _____ Teacher: _____ Grade _____
 Primary Language/Home: _____ Primary Language/Student: _____
 Racial/Ethnic Background: _____ Please indicate if student has previously received or is currently receiving:
 Special Ed Services? ___ No ___ Yes, send immediately to school psychology
 Section 504 Services? ___ No ___ Yes, forward to site 504 coordinator

TO BE FILLED OUT BY TEACHER

Student's First Date of Attendance: _____

Teacher: _____
(please print name above)

Circle Yes (Y) or No (N) below, as applicable

- A. ACADEMIC PROGRESS** _____ No Difficulty
 Y N Learns very slowly
 Y N Significantly below classmates in academics
 Y N Appears to be a discrepancy between ability and achievement
 Y N Does not remember concepts taught day to day
 Y N Written expressions is far below verbal expression
- B. READING** _____ No Difficulty
 Y N Significantly below grade level
 Y N Learns from listening, but not from reading
 Y N Can follow verbal instructions, but not written ones
- C. EMOTIONAL** _____ No Difficulty
 Y N Impulsive, aggressive behavior
 Y N Withdrawn, daydreams, fearful, anxious, insecure
 Y N Poor peer relationships
- D. PSYCHOMOTOR** _____ No Difficulty
 Y N Restless, short attention span, distractible
 Y N Clumsy, awkward, poor coordination
 Y N Has physical handicap which impedes educational progress

- E. COMMUNICATION** _____ No Difficulty
 Y N Has difficulty following directions
 Y N Appears to have dysfluent speech
 Y N Poorly articulates sounds of speech
 Y N Has difficulty expressing ideas
 Y N Sentence length or structure is not appropriate for age
 Y N Has harsh voice, inappropriate pitch or limited vocal inflection
- F. VISION** _____ No Difficulty
 Y N Blinking, rubbing, squinting of eyes
 Y N Tilts head to one side when reading
 Y N Holds book too close or too far
- G. HEARING** _____ No Difficulty
 Y N Frequently complains of earaches or has frequent ear infections
 Y N Seems not to pay attention or fails to respond when questioned
 Y N Turns one ear toward speaker or appears to be lipreading
- H. ESL (English as a Second Language)**
 Y N Developing comparable to same language peers

ACTIONS:

- 1 **NO CONCERNS NOTED ABOVE. NO FURTHER ACTION NECESSARY AT THIS TIME.**
- 2 **ALTHOUGH DIFFICULTIES ARE NOTED THEY ARE CURRENTLY BEING ADDRESSED THROUGH MODIFICATIONS TYPICAL FOR STUDENTS AT THIS LEVEL. SST OR FURTHER EVALUATION CONSIDERATION IS NOT NECESSARY AT THIS TIME. PARENT CONTACTED _____ (MUST BE WITHIN 10 DAYS)**
- 3 **CONCERNS NOTED ABOVE. AN SST TO BE INITIATED (SST DOCUMENT TO BE ATTACHED). IF NECESSARY A FORMAL MULTIDISCIPLINARY REFERRAL WILL FOLLOW TO ADDRESS CONCERNS NOT ADEQUATELY PROVIDED FOR THROUGH ACCOMMODATIONS AND MODIFICATIONS (*UPDATE SECTION REQUIRED).**

Teacher Signature _____

Date _____

UPDATE:

- 4 **DIFFICULTIES ARE ADEQUATELY AND SATISFACTORILY BEING ADDRESSED THROUGH MODIFICATIONS LISTED ON THE SST. FURTHER EVALUATION CONSIDERATION IS NOT NECESSARY AT THIS TIME.**
- 5 **A REFERRAL FOR FURTHER EVALUATION WAS MADE ON: _____**

DATE PARENT/LEGAL GUARDIAN CONTACTED: _____

COMPREHENSIVE CHILD HISTORY (Kindergarten Only)

NOTE TO PARENTS/LEGAL GUARDIANS: The information on this form will assist school personnel in providing your child with comprehensive health and developmental screening and help in taking a total look at your child's health and developmental status.

Child's Name: _____ DOB: _____ Male: ___ Female: ___

Mailing Address: _____

Location Address: _____ Home Phone: _____

Parent/Legal Guardian _____ Phone: _____

Parent/Legal Guardian _____ Phone: _____

Primary Physician's Name: _____ Phone: _____

Address: _____ Date of

last complete physical exam: _____

Primary Dentist: _____ Phone: _____

Date of Last Exam: _____ Date of next scheduled exam: _____

Does your child have medical insurance? _____ Dental insurance: _____

Please list child's brothers and sisters:

<u>Name</u>	<u>Birth Date</u>	<u>Sex (M or F)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PAST MEDICAL HISTORY (Check those that apply)

___ The child's mother had difficulties during pregnancy, labor and/or delivery.

___ My child had difficulties at birth or shortly after birth.

___ My child weighed less than five pounds. Child's birth weight: _____

___ There are or may be inherited diseases in our family (parents, brother, sisters, grandparents, cousins, aunts and uncles) that may affect my child's health.

My child has had the following diseases:

___ Meningitis

___ Rheumatic Fever

___ Mumps

___ Pneumonia

___ High Fever (104 for longer than 2 days)

___ Diabetes

___ Rubeola – Red or Hard Measles

___ Rubella – German or 3-Day Measles

___ Strep Infections or Scarlet Fever

My child has the following allergy problems (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Asthma or Hay Fever | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Drug or medication allergy | <input type="checkbox"/> Severe reaction to insect sting |
| <input type="checkbox"/> Reaction to an immunization | <input type="checkbox"/> Eczema or hives |
| <input type="checkbox"/> Has frequent accidents | <input type="checkbox"/> Has accidentally become poisoned |

Special Health Care – My child:

- Has undergone special tests for health problems
 Has been seen by medical specialists
 Has had some chronic health problems (If so, please describe)

My child has been hospitalized. (If so, please list dates, reason, and treatment given):

Growth & Development – List your child’s age when he/she could do the following:

- Sit alone Say single words Walk alone
 Use two word sentences Become toilet-trained

Please describe any questions or concerns you may have about your child’s growth and development:

Present Medical History

Describe any physical limitations or restrictions your child has:

Check appropriately if you have any of the following concerns about your child:

- | | | |
|--|--|--|
| <input type="checkbox"/> Has a poor appetite | <input type="checkbox"/> Has excessive thirst | <input type="checkbox"/> Eats too much |
| <input type="checkbox"/> Has sleep problems | <input type="checkbox"/> Has too little energy | |

Head: Check all that apply

- Has had one or more head injuries Has frequent headaches
- Has had a period of unconsciousness as a result of an injury

Eyes: Check all that apply

- Has problems with his/her eyes such as squinting, crusty lids, mattering, etc.
- My child wears glasses or contact lenses

Ears, Nose & Throat: Check all that apply

- Has had 2 or 3 episodes of ear problems in a year
- Has had earaches or discharge from the ear within the past six months
- Seems to have trouble hearing
- Has had two or more throat infections in a year
- Has frequent nose bleeds
- Has swollen glands frequently

Dental (check all the statements that are usually true for your child):

- Uses fluoride toothpaste Drinks well water at home Has teeth flossed regularly
- Receives fluoride treatments, rinses or tablets
- How often does your child brush his/her teeth? _____
- Has your child ever had a toothache? _____

Skeletal: Check all that apply

- Complains of pains in his/her arms, legs, back or joints
- Limp, walks funny, toes in or toes out
- Has had a broken bone, cast brace or corrective shoes

Cardiovascular: Check all that apply

- Hands and fingers turn blue when he/she plays hard
- Has heart trouble
- I have been told that my child has a heart murmur

Respiratory: Check all that apply

- Has had 4-6 colds in a year Has trouble getting rid of a cough
- Has a severe cough with colds Has shortness of breath, asthma or wheezing at times

Gastrointestinal: Check all that apply

- Has frequent stomach aches Has diarrhea frequently
- Has trouble with constipation Vomits frequently

Urinary: Check all that apply

- Has an interrupted, dribbling, or weak urinary stream
- Complains of pain upon urination
- I have noticed a strong/unusual odor from my child's urine
- Has trouble with bedwetting
- Has trouble wetting during the day
- Has had a kidney or bladder infection

Neuromuscular: Check all that apply

- Seems to lose his/her balance in unusual ways
- I have noticed that my child has some unexplained movements or jerks
- Has had convulsions or seizures
- Seems to have a weakness in his/her body
- Has staring spells
- Seems to fall down more than other children

Behavior: Check if you have any concerns about the following behaviors in your child

- Bad dreams Biting names Lying Thumb sucking
- Restlessness Jealousy Breath holding Anger
- Temper Glum, sulky mood Irritable, easily upset
- Stammering, stuttering, poor speech
- Nervous habits of any kind
- Destroys things on purpose
- Day dreams, seems preoccupied
- Wants too much attention, support, or comfort
- Clumsy and awkward
- Selfish, unable to share
- Feelings hurt easily
- Poor bowel control

CHILD FIND NOTIFICATION

Policies & Procedures

The Cave Creek Unified School District, as required by the Office of Special Education (OSEP) and Arizona Department of Education (ADE), is responsible for ensuring that all children with disabilities aged birth (0) through twenty-one (21) years within the District's jurisdiction are to be identified, located and evaluated including children attending religious or private schools who are in need of special education and related services.

Children aged birth (0) through three (3) who have developmental delays will be located, identified and evaluated through referrals to the Arizona Early Intervention Program (AzEIP) from the Cave Creek Unified School District who will further follow-up and ensure screenings have been completed within 45 days of notification of the parent's concern.

A free appropriate education (FAPE) shall be available to all children with disabilities aged three (3) through twenty-one (21) years within the districts jurisdiction, including

- Children advancing from grade to grade,
- Those who have been suspended or expelled from school in accordance with IDEA rules and regulations, and
- Any child with a disability the district has placed in or referred to a private school or facility.

The Cave Creek Unified School District currently conducts the following activities to assist in the identification, location and evaluation of all children aged birth (0) through twenty-one (21).

- Annual notification to religious and private schools in the district
- Cooperative relationship with the Arizona Early Intervention Program (AzEIP) and Division of Developmental Disabilities (DDD)
- Annual notification to ensure all school-based personnel are aware of activities
- Annual notification to parents residing within the schools boundaries
- Bi-weekly screenings through the preschool special education department for children 2.9 through 5 years of age
- Kindergarten screenings
- New student screenings (45 day screenings)
- Student Study Teams (SST) and Response to Intervention (RTI) located at each school site
- Receipt of parent notification of concerns

For children aged birth (0) through five (5), the special education department in the Cave Creek Unified School District should be contacted to assist in the referrals and tracking of students to the Arizona Early Intervention Program (AzEIP) at 480-575-2013.

For school age children five (5) through twenty-one (21) the administrator of your child's school should be contacted or you may contact the special education department at 480-575-2013.

A full and individual evaluation encompassing existing and additional data shall be conducted for each child to determine if the child is a child with a disability and the educational needs of the child before the initial provision of special education and related services.

FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

Policy & Procedures

J-7050 – JR Student Records

J-7061 – JR-R Student Records Regulations

This procedure is designed to meet the provisions of the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities in Education Act (IDEA). All personnel in the District are expected to fulfill the requirements of policy and the following procedures in order to protect the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages (34 C.F.R. 300.572).

Confidentiality

The right to inspect and review education records and the release of or access to such records, other information, or instructional materials will be consistent with federal law in the Family Educational Rights and Privacy Act, Title 20, United States Code, sections 1232g and 1231h, the USA PATRIOT ACT, NCLB, and with federal regulations issued pursuant to such act.

According to FERPA, only the teacher and/or authorized District officers and employees may have access to student records. (Volunteers are to discuss confidential matters only with the teacher or administrator of the school.)

Procedure to Inspect Educational Records

Parents have the right, upon reasonable request, for explanations and interpretations of the information contained in the records and a right to request copies of the records containing the information, if not in violation of stated policy of FERPA. Parents have the right to have a representative of the parent to inspect and review the records (34 C.F.R. 300.562 and 99.101).

The principal, or other education records custodian, will make the needed arrangements as promptly as possible and notify the parent or eligible student of the time and place where the records may be inspected. This procedure must by completed in forty-five (45) days or less after receipt of the request for access (34 C.F. R. 300.562)