



CAVE CREEK UNIFIED SCHOOL DISTRICT #93

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 presence 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
- ❖ Notarized statement from owner/renter indicating names of people who are living with the owner/renter

Not Acceptable:

- ❖ Telephone or Cable bills

2. **Certified State Birth Certificate*** (a 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**
5. **Current Custody Paperwork, Orders of Protection & proof of service thereof, Temporary/Legal Guardianship papers.****
6. **Valid parent/guardian ID for student registration:**
 - Valid driver's license
 - Valid passport

**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 other 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.



Cave Creek Unified School District-Registration Packet-Check off List

Date: _____

Grade: _____

Students Name: _____

Mandatory Items for Registration

Initials

- | | |
|---|-------|
| <input type="checkbox"/> Valid parent/guardian ID for Student Registration | _____ |
| ◇Driver's License #/State: _____ | |
| ◇Passport #/Exp. Date: _____ | |
| <input type="checkbox"/> Student Registration Form | _____ |
| <input type="checkbox"/> Certified* Copy of Birth Certificate | _____ |
| <input type="checkbox"/> Copies of CURRENT: | _____ |
| ◇Custody paperwork** | |
| ◇Order of Protection & Proof of Service | |
| ◇Temporary/Permanent Guardianship**** | |
| <input type="checkbox"/> Request for Records Card | _____ |
| <input type="checkbox"/> Proof of Residence Form | _____ |
| <input type="checkbox"/> ADE Residency and/or Affidavit of Shared Residence | _____ |
| <input type="checkbox"/> Copies of Proof of Residence Documentation | _____ |
| <input type="checkbox"/> PHLOTE Form | _____ |
| <input type="checkbox"/> New Student Screening Form | _____ |
| <input type="checkbox"/> Electronic Information Services User Agreement | _____ |
| <input type="checkbox"/> Student Information & Emergency/Medical Card*** | _____ |
| <input type="checkbox"/> Copies of Immunization Documentation | _____ |
| <input type="checkbox"/> Withdrawal Form from previous school | _____ |
| <input type="checkbox"/> Class Pre-registration Worksheet | _____ |
| <input type="checkbox"/> Transcript and current semester grades | _____ |
| <input type="checkbox"/> Standardized Test Results (AIMS if state of Arizona) | _____ |
| <input type="checkbox"/> 8 th promotion certificate | _____ |
| (CSHS incoming out of district 9 th grade only) | _____ |

Printed name of registering staff member _____

Signature of registering staff member _____

Date: _____

*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 other 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).

***These items will be renewed each school year

****A Power of Attorney is only good for 6 months and does not give the child the residence of the person with the Power of Attorney.



CAVE CREEK UNIFIED SCHOOL DISTRICT #93 STUDENT REGISTRATION FORM

STUDENT INFORMATION

STUDENT'S NAME: _____ GRADE _____ MALE ☐ FEMALE ☐

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

ETHNIC ORIGIN: ☐ Asian or Pacific Islander ☐ Black or African American (Not Hispanic) ☐ Hispanic or Latino
☐ American Indian or Alaskan Native ☐ White (Not Hispanic)

STUDENT'S MAILING ADDRESS: _____

STUDENT'S PHYSICAL ADDRESS: _____

(Must be filled in if mailing address is a PO Box)

PARENT INFORMATION

Is the student in foster care? Yes ☐ No ☐

Parent/Guardian Mother ☐

Name: _____

Address: _____
(only if different than student mailing address)

Home #: _____ Cell #: _____

E-mail: _____

Employer: _____

Work Number: _____

Please Check All That Apply:

☐ Lives with Student ☐ Custodial Parent ☐ Not Allowed Contact*
☐ Mail Correspondence

Parent/Guardian Father ☐

Name: _____

Address: _____
(only if different than student mailing address)

Home #: _____ Cell #: _____

E-mail: _____

Employer: _____

Work Number: _____

Please Check All That Apply:

☐ Lives with Student ☐ Custodial Parent ☐ Not Allowed Contact*
☐ Mail Correspondence

*Mandatory copy of court documents.

Stepmother ☐ **Guardian** ☐ *

Name: _____

Address: _____
(only if different than student mailing address)

Home #: _____ Cell #: _____

E-mail: _____

Employer: _____

Work Number: _____

Please Check All That Apply:

☐ Lives with Student ☐ Custodial Parent ☐ Not Allowed Contact*
☐ Mail Correspondence

Stepfather ☐ **Guardian** ☐ *

Name: _____

Address: _____
(only if different than student mailing address)

Home #: _____ Cell #: _____

E-mail: _____

Employer: _____

Work Number: _____

Please Check All That Apply:

☐ Lives with Student ☐ Custodial Parent ☐ Not Allowed Contact*
☐ Mail Correspondence

Office Use Only: Date of Entry _____

ID# _____

BMES ☐ DSA ☐ DWES ☐ HTES ☐ LMES ☐ STMS ☐ CSHS ☐ DPS ☐

Grid Code: _____ Enrollment Code: _____ Bus Stop: _____ Bus Route: _____



1ST EMERGENCY CONTACT INFORMATION

Relationship to child

OTHER than Parent/Guardian: _____

Name: _____

Address: _____

Home #: _____

Cell #: _____

2ND EMERGENCY CONTACT INFORMATION

Relationship to child

OTHER than Parent/Guardian: _____

Name: _____

Address: _____

Home #: _____

Cell #: _____

Please advise your emergency pick up designee that they will be required to show valid proof of identification such as a driver's license or valid passport.

PHLOTE (Primary Home Language Other Than English)

These questions are in compliance with AZ Administrative Code, R7-2-306(B)(1), (2)(a-c). Response to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

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 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

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		

- 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: _____

MISCELLANEOUS INFORMATION

1. Why did you choose Cave Creek Unified School District:

- ☐ Moved into district ☐ Excelling Schools ☐ Programs
☐ Athletics ☐ High Student Achievement
☐ CCUSD® reputation Other: _____

2. How did you hear about Cave Creek Unified School District:

- ☐ Referral/Friend ☐ CCUSD Website ☐ Radio ☐ Newspaper
 Other: _____

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CAVE CREEK UNIFIED SCHOOL DISTRICT

REQUEST FOR RECORDS

STUDENT'S LAST NAME	FIRST NAME	MIDDLE INITIAL
BIRTHDATE	PRESENT GRADE	DATE REQUESTED
SCHOOL STUDENT LAST ATTENDED _____		
ADDRESS (SCHOOL LAST ATTENDED) _____		
CITY, STATE, ZIP (SCHOOL LAST ATTENDED) _____		
PHONE # (SCHOOL LAST ATTENDED) _____		FAX # (SCHOOL LAST ATTENDED) _____

PLEASE SEND RECORDS FOR THE STUDENT LISTED ABOVE INCLUDING:

FAX	MAIL	
_____	_____	OFFICIAL TRANSCRIPT (HS) OR REPORT CARDS (GRADE 8)
_____	_____	WITHDRAWAL FORM (INCLUDING AZ SAIS ID# IF APPLICABLE)
_____	_____	WITHDRAWAL GRADES FOR CURRENT CLASSES FROM SENDING SCHOOL
_____	_____	EXPLANATION OF SCHOOL'S GRADING SYSTEM
_____	_____	HEALTH RECORDS (INCLUDING IMMUNIZATIONS)
_____	_____	ATTENDANCE & DISCIPLINE
_____	_____	STANDARDIZED TEST RESULTS (INCLUDING AIMS FOR THE STATE OF ARIZONA)
_____	_____	ECAP (EDUCATION CAREER ACTION PLAN) I.E., 4 YEAR PLAN
_____	_____	504 PLAN (IF APPLICABLE)
_____	_____	BIRTH CERTIFICATE
_____	_____	<i>IEP</i>

I HEREBY AUTHORIZE THAT THE INFORMATION REQUESTED BE SENT TO CACTUS SHADOWS HIGH SCHOOL:

PARENT, GUARDIAN OR SCHOOL OFFICIAL SIGNATURE

DATE

PLEASE ADDRESS ALL FAX OR MAIL ITEMS TO:

CACTUS SHADOWS HIGH SCHOOL
ATTN: PAMELA LAZO, REGISTRAR
PO Box 426
CAVE CREEK, AZ 85327

PHONE: 480.575.2413
FAX: 480.575.2388

PLEASE ONLY SEND SPECIAL EDUCATION RECORDS TO :

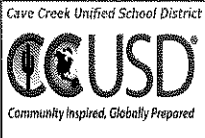
CCUSD SPECIAL EDUCATION
ATTN: COMPLIANCE SPECIALIST
PO Box 426
CAVE CREEK, AZ 85327

PHONE: 480.575.2012
FAX: 480.488.6711

1ST REQUEST

2ND REQUEST

CAVE CREEK UNIFIED SCHOOL DISTRICT #93

PROOF OF RESIDENCE FORM

Name of Student _____

Grade _____

Student ID# _____

Name of Parent/Guardian(s) _____

Current School Year _____

School _____

Physical Address for Parent/Guardian/Student _____

City _____

Zip Code _____

In order to register your student(s) in the Cave Creek School District you must provide documentation that will verify your residence. Proof of residence may be demonstrated through:

- 1 ☐ Rental/Lease Agreement **OR** _____
 2 ☐ Purchase/Escrow Agreement **OR** _____
 3 ☐ Copy of Utility Bill* showing service address. _____

* Electric, Gas, Water bills will be accepted

Date of Occupancy _____

→ → →
 If your living arrangement is not addressed in this section go to Section 2

I swear/affirm that the above information is accurate. I also understand that if the above information is found to be false my child's placement may be revoked.

Parent/Guardian Signature _____

Date _____

↪ If you completed this section you do not need to complete the remainder of this form. ↪

Presently, the student lives: (Please check one box)

- 1 ☐ with more than one family in a house/apartment that is owned/rented by other family.
 2 ☐ with friends or family members, other than parent/guardian.
 ↪ If you selected box 1 or 2, stop here and go to the Affidavit Section. ↪
 3 ☐ in a shelter.
 4 ☐ in a motel, car, or campsite.
 5 ☐ in an arrangement not described by numbers 1-4.

↪ If you selected box 3, 4 or 5, you do not have to complete the remainder of this form. ↪

Complete this section, have it notarized, and then return it to the school office along with the owner/renter's proof of residence documentation from section 1

Date: _____

I, _____, attest to the fact that the aforementioned family is residing with me at the above address in the house/apartment that I own/rent.

I expect them to reside with me for approximately _____.

Name _____

Signature _____

Subscribed and sworn before me on: _____

Notary Signature: _____

For Office Use Only

Verified By _____

Title _____

SY 17/18

☒ If 3,4, or 5 were selected in section 2 please forward to Gina Durbin



**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



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:



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



CAVE CREEK UNIFIED SCHOOL DISTRICT NO. 93

NEW STUDENT SCREENING

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 PARENT

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

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

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

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

C. EMOTIONAL _____ No Difficulty
Y N Impulsive, aggressive behavior
Y N Withdrawn, daydreams, fearful, anxious, insecure
Y N Poor peer relationships

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

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

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 MULTIDICIPLINARY 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 MODICFICATIONS LISTED ON THE SST. FURTHER EVALUATION CONSIDERATION IS NOT NECESSARY AT THIS TIME.
5 [] A REFERRAL FOR FURTHER EVALUATION WAS MADE ON: _____

DATE PARENT CONTACTED: _____



Cave Creek Unified School District No. 93 Electronic Information Service (EIS) User Agreement

NOTE: When this signed agreement is returned to the school, the user may be permitted use of EIS and BYOT resources on campus. If a signed agreement is not on file, the user will not be permitted use of EIS/BYOT resources.

Each Student User Must Agree To:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- Use personal electronic devices only during instructor-designated times and in a manner deemed appropriate by the teacher.
- Connect to the internet **via the district wireless network only** and not with personal accounts that use a cell phone or personal data access device.
- Refrain from unauthorized text messaging, social networking, etc. during class or passing periods.
- Understand that the District/school is NOT responsible for loss or theft of a student's personal device.
- Being responsible for the safekeeping of their personal devices and that school administration and teachers have limited abilities to investigate loss or damage of personally owned equipment.
- Not submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations.
- Understand that electronic mail or other direct electronic communication is NOT private and may be read and/or monitored by school-employed persons.
- Not use EIS for commercial purposes.
- Follow the District's code of conduct and Internet etiquette.
- Not attempt to harm, modify, and/or destroy software or hardware nor interfere with EIS system operations or security.
- Understand that inappropriate use may result in cancellation of permission to use the EIS and appropriate disciplinary action up to and including expulsion for students.

Personal Responsibility:

- I will report any misuse of EIS or personal technology devices to the administration or system administrator as appropriate.
- I understand that many services and products are available for a fee and acknowledge my personal responsibility for any expenses incurred without District authorization.

PLEASE TURN OVER AND FILL OUT THE REVERSE SIDE



Network Etiquette: I am expected to abide by the generally acceptable rules of network etiquette.

Therefore:

- I will be polite and use appropriate language. I will not send or encourage others to send abusive messages.
- I will respect privacy. I will not reveal any home addresses, personal phone numbers, or personally identifiable information.
- I will avoid disruptions. I will not use the network in any way that would disrupt use of the systems by others.

Services:

The School District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information service is used and bears the risk of reliance on the information obtained.

The use of Google Documents and other Web Based Applications are used to strengthen communication and collaboration skills. All students have access to a safe, district-wide educational Google account, and may or may not be asked to use in the classroom. In addition to Google, CCUSD® also uses a variety of online curriculum tools dedicated to enhance learning objectives.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Student Name (printed) _____

Student Signature _____ Date _____

School: _____ Grade _____

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

Parent or Guardian Cosigner:

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District/School responsible for materials acquired by use of the electronic information service and/or a student's personal electronic device. I also agree to report any misuse of the EIS to a School/District administrator. (Misuse may come in many forms but can be viewed as any message that is sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in this agreement.)

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give permission to have my child use the electronic information services.

Parent or Guardian Name (printed) _____

Signature _____ Date _____



CAVE CREEK UNIFIED SCHOOL DISTRICT NO. 93

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 be completed in forty-five (45) days or less after receipt of the request for access (34 C.F. R. 300.562)

CCUSD STUDENT INFORMATION & EMERGENCY MEDICAL CARD

UBMES UDSA UDWES UHTES ULMES USTMS UCSHS

Student Last Name:

First:

Gender: Teacher:

Parent/Guardian:

Home phone:

Primary Language:

Grade: Student's Birthday:

Physical Address:

City: State: Zip:

Mailing Address (primary):

City: State: Zip:

Mailing Address (secondary):

City: State: Zip:

Current Address: Temporary Living Arrangement? ☐ Yes ☐ No Due to a loss of housing or economic hardship? ☐ Yes ☐ No

In Case of emergency, parent/guardian/emergency contact will be called in the order listed below. Your child(ren) will only be released to parent/guardian/emergency contact listed below:
1st to call, parent/guardian: Relation: Home phone:

Email: Resides in above address(es): ☐ Yes ☐ No Cell Phone: Work phone:

2nd to call, parent/guardian: Relation: Home phone: Work phone:

Email: Resides in above address(es): ☐ Yes ☐ No Cell Phone: Work phone:

3rd to call, Contact: Relation: Home phone: Work phone:

Email: Resides in above address(es): ☐ Yes ☐ No Cell Phone: Work phone:

4th to call, Contact: Relation: Home phone: Work phone:

Email: Resides in above address(es): ☐ Yes ☐ No Cell Phone: Hospital:

Student's Physician: Phone:

Insurance:

Group:

The following person(s) MAY NOT pick up my child from school*:

PARENT/GUARDIAN MUST CHECK "YES" OR "NO" - If no choice is given, permission shall be deemed granted if there is no response to the following statements:

- ☐ Yes ☐ No Permission to photograph and/or film my child for use by the district, individual school web sites, or news media for the purpose of informing the public of programs provided by our schools.
- ☐ Yes ☐ No Permission to release my child's name for use by the district, individual school web sites, news media, yearbook and school directories for the purpose of informing the public of programs provided by our schools.
- ☐ Yes ☐ No Permission to release address, phone number, and/or e-mail address to parent organizations, district-approved organizations and/or for use in 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 information.

☐ Yes, consent ☐ No, consent (CSHS ONLY) Under the Elam and Secondary Education Act and No Child Left Behind Act of 2001, school districts are required to comply with a request from a military recruiter for names, addresses, and telephone listings for each student who is 17 years of age or older in the 11th grade (or its equivalent) or higher, even if a school district has a policy of not disclosing such directory information. A parent may choose to "opt out" to not have information released to military recruiters.

☐ Yes ☐ No Are you a resident of the State of Arizona? ☐ Yes ☐ No Is any member of your family a Veteran? ☐ Yes ☐ No Is any member of your family on active military duty?

PARENT/GUARDIAN SIGNATURE ON THIS CARD ACKNOWLEDGES THE FOLLOWING:

- I acknowledge and agree to abide by the CCUSD Parent-Student Handbook and the Bus Policy which is located on both district (www.ccusd999.org) and school web sites. The handbook includes district policies and procedures to include the district's student code of conduct and attendance procedures. A hard copy of this handbook is also available upon request from the school.
- By signing the Emergency/Information Card and providing your phone number, you are authorizing the school and/or the District to deliver or cause to be delivered information and notifications regarding your child, the school, and the District via automated calls or prerecorded calls/texts. You may request to be removed from future notifications at any time by calling or emailing the school/District or using the opt-out feature when you receive a call/text.
- I have read and understand the Athletic Code of Conduct and agree to abide by the Athletic code and philosophy. The Athletic Code of Conduct is located on the school web sites.
- It is the responsibility of the parent/guardian to update information on this emergency card with appropriate documentation as changes occur.
- In the event of an accident or illness when authorization for medical treatment cannot be obtained from parent or personal physician, the undersigned gives permission and assumes full responsibility for the school clinic assistant/nurse and/or the school administrator to call for emergency medical assistance, including ambulance service.
- To assure the safety and well-being of my child, the school clinic assistant/nurse has permission to share pertinent health concerns with appropriate school personnel.
- Registration and enrollment for the current school year is incomplete until this emergency card has been completed and signed by the parent/guardian and returned to the school.

Parent /Guardian Signature

Date

Student Signature

Date



PLEASE TURN OVER & FILL
OUT REVERSE SIDE

MEDICAL HISTORY

Known vision problem: _____ Wears glasses? _____ Contact lenses? _____

Known hearing loss: _____ Hearing aids? _____

ALLERGIES

Bees/Insects: _____

Food: _____

Latex: _____

Seasonal: _____

Medication _____

Other: _____

Medication _____

Medication _____

Medication _____

Medication _____

HEALTH CONDITIONS

ADD/ADHD _____

Asthma _____

Behavioral Health _____

Issues _____

Birth Defects _____

Diabetes _____

Head Injury/ _____

Concussion _____

Heart Condition _____

Migraine _____

Seizures _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

Medication _____

☐ Yes ☐ No Does your student have any significant health conditions that may lead to a medical emergency and/or restrict participation in physical activity? _____

Describe: _____

CONSENT FOR EMERGENCY TREATMENT AND RELEASE OF MEDICAL INFORMATION:

In case of injury or sudden illness, I (parent/guardian), hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. I understand that the expense of this service will be accepted by me. I, hereby, give consent to disclose information on the emergency/health card on an as needed basis.

Parent/Guardian Signature _____

Date _____

MEDICATIONS

CCUSD DOES NOT PROVIDE ANY MEDICATION FOR STUDENTS

All medication must be provided by the parent/guardian. The medication must be in its original container, clearly labeled with child's name and doctor's instructions of administration, including the specific time medication is to be given, and the medication is age specific. The parent/guardian must complete a medication form before any medication will be administered at school.

All medication is to be brought to and from the Health Office by the parent/guardian. Students are not allowed to carry medication, unless the child's physician provides a note stating the student is able to carry his/her medication with them. Example inhalers

The school Health Office must be notified immediately of any changes in medication. It is the parent/guardian's responsibility to know when their child's medication expires and replace it. The Health Office will not administer expired medications.

***PLEASE NOTE:** Having sole custody of a child does not prevent CCUSD, by law, from sharing child's information with other 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).



Family Educational Rights and Privacy Act (FERPA) Notice for Directory Information

The *Family Educational Rights and Privacy Act* (FERPA), a federal law, requires that Cave Creek Unified School District obtain your written consent prior to the disclosure of personally identifiable information from your child's education records unless an exception under that federal law applies. The District may disclose information designated "directory information" without written consent unless you have advised the District to the contrary.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings, publish yearbooks, or request the information for a commercial or other purpose. In addition, two federal laws require the District receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the District that they do not want their student's information disclosed without their prior written consent.

If you do not want the District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by August 18, 2017 by sending a letter to the principal. The District has designated the following information as directory information pursuant to 20 U.S.C. 1232g(a)(5)(A):

- Name
- Address
- Telephone listing
- Date and place of birth
- Electronic email addresses
- Photograph
- Grade level
- Major field of study
- Dates of attendance
- Enrollment status (part time or full time)
- Participation in officially recognized activities and sports
- Weight and height if a member of an athletic team
- Honors and awards received
- Most recently attended educational agency or institution

If you would like further information regarding your rights under FERPA, please refer to Governing Board Policy JR regarding student records and the accompanying regulations and exhibits.

School Name: _____

School Year: _____



PARENT CONSENT FOR STUDENT SURVEYS*

Student's name _____
Last First M.I.

Current grade: _____ Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

Parent's name _____
Last First M.I.

Home address _____
Street City Zip

☐ I do give my student permission to participate in student surveys administered at his/her school.

☐ I do not give my student permission to participate in student surveys administered in his/her school.

Signature of Parent or Legal Guardian

Date

Printed Name Parent or Legal Guardian

*Based on the passing of HB2088 schools; assessments; surveys; informed consent -
Prohibits public schools from administering specified assessments or surveys to students without notifying and obtaining
written informed consent from parents and prescribes penalties for violations.
New Policy JRR – Student Surveys