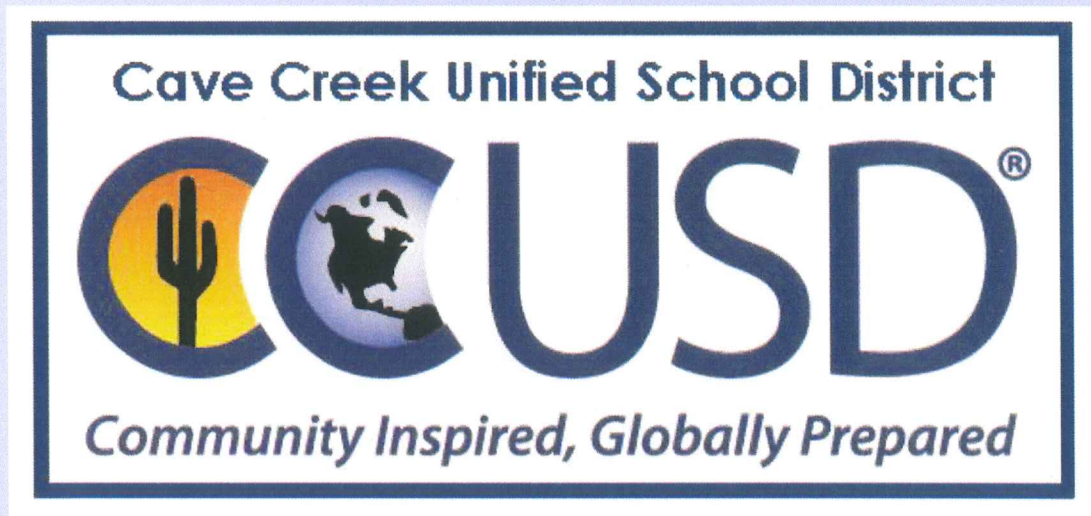


Student Registration



Inspire Excellence



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 #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 INFORMATIONRelationship to child
OTHER than Parent/Guardian: _____

Name: _____

Address: _____

Home #: _____

Cell #: _____

2nd EMERGENCY CONTACT INFORMATIONRelationship 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 HISTORYHas 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:

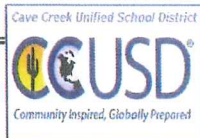
☐ Moved into district ☐ Excelling Schools ☐ Programs
☐ Athletics ☐ High Student Achievement
☐ CCUSD® reputation Other _____

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

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

*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).

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



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.



Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. ¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante? _____
2. ¿Cuál idioma habla el estudiante con mayor frecuencia? _____
3. ¿Cuál fue el primer idioma que aprendió el estudiante? _____

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de SAIS _____

Firma del padre o tutor _____ Fecha _____

Distrito o Charter _____

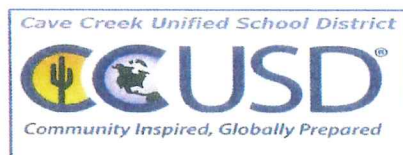
Escuela _____

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.

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



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.
- To use personal electronic devices only during instructor-designated times and in a manner deemed appropriate by the teacher.
- To 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.
- To refrain from unauthorized text messaging, social networking, etc. during class or passing periods.
- That the District/school is NOT responsible for loss or theft of a student's personal device.
- That students are 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.
- To 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 _____

SY 2017-2018



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

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 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 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 CONTACTED: _____



Note to Registrars: This form is to be included in Kindergarten Registration Packets and Developmental Pre-School Registration Packets and should be kept in the nurse's office at your site.

COMPREHENSIVE CHILD HISTORY

NOTE TO PARENTS: 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: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ 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:

Name	Birth Date	Sex (M or F)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)

_____ My child has had other important illnesses for which he/she was not hospitalized. If so, describe: _____

_____ Diabetes

_____ Rubella – 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

General – List any medications your child takes regularly:

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 | |
- Skin:** Check all that apply
☐ Has problems with rashes ☐ Bruises easily ☐ Has unexplained lumps or spots

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
- ☐ Seems to have a problem with foods disagreeing with him/her

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

Lead: Check all that apply

- ☐ We live in a house built before 1950
- ☐ Seems fussy, tired, or cranky for more than 4-6 hours every day
- ☐ Chews unusual things such as woodwork, pencils, paint chips and plaster

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

- ☐ Bad dreams ☐ Biting nails ☐ 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
- _____Daydreams, seems preoccupied
- _____Wants too much attention, support or comfort.
- _____Clumsy and awkward
- _____Selfish, unable to share
- _____Feelings hurt easily
- _____Poor bowel control



IMPORTANT

Parental Information Sheet

Student Name: _____ Next year grade level: _____

Birth date: _____ M ☐ F ☐ Teacher: _____ Current Grade: _____

Parent/Guardian Name(s): _____

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

1. Circle the words that best describe your child's personality.

Quiet
Sensitive
Shy
Verbal
Emotional
Opinionated

Active
Assertive
Passive
Curious
Artistic
Cooperative

Tolerant of Others
Cries Easily
Impulsive
Seeks Approval
Perfectionist
Prefers to Play Alone

Sense of Humor
Critical of Self
Cautious
Self-Motivated
Easily Distracted
Prefers to Play w/others

Other: _____

2. Describe the classroom environment you think would help your child learn the best. (Some of the words below may help you with your description).

Independent
Centers
Other:

Structured
Cooperative Group

Choices
Hands-on Learning

Teacher Directed
Small Groups

3. Is there any other information you would like the school to take into account before placing your child in a classroom, such as siblings or cousins in the same classes, past educational experiences, medical or physical needs?

4. Is there anything you would like to tell next year's teacher before the year begins?



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

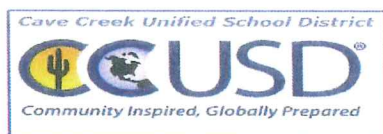
As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- _____ 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



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)