Student Registration

Cave Creek Unified School District
Community Inspired, Globally Prepared

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.

SY 2017-2018
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.

Parent/Guardian  Stepfather [ ]
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  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: __________

SY 2017-2018 REV. 6/27/15
1ST 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.

2nd EMERGENCY CONTACT INFORMATION

Relationship to child
OTHER than Parent/Guardian:__________

Name:______________________________

Address:____________________________

Home #:____________________________

Cell #:______________________________

PHHONE (Primary Home Language Other Than English) These questions are in compliance with A.R. Administrative Code, R7-2-396(8)-(10), (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

<table>
<thead>
<tr>
<th>BROTHERS/SISTERS (Full Name)</th>
<th>AGE</th>
<th>SEX</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
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<td>F</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
</tr>
</tbody>
</table>

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:

SECTION 1

1. Rental/Lease Agreement OR Date of Occupancy ___________
2. Purchase/Escrow Agreement OR ___________________________
3. Copy of Utility Bill* showing service address. ___________________________
   * Electric, Gas, Water bills will be accepted

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.

SECTION 2

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: ___________________________

AFFIDAVIT

For Office Use Only
Verified By ___________________________ Title ___________________________

SY 17/18 X If 3, 4, or 5 were selected in section 2 please forward to Gina Durbin

Rev. 04/06 This form is in compliance with the McKinney-Vento Assistance Act, U.S.C.A. 42 Section 11302(a)
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.

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas
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.

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oolas
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

September 2016
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 of 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

<table>
<thead>
<tr>
<th>Student's Name:</th>
<th>Sex: M F</th>
<th>Birthday:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td>Teacher:</td>
<td>Grade:</td>
</tr>
<tr>
<td>Primary Language/Home:</td>
<td>Primary Language/Student:</td>
<td></td>
</tr>
<tr>
<td>Racial/Ethnic Background:</td>
<td>Please indicate if student has previously received or is currently receiving:</td>
<td></td>
</tr>
<tr>
<td>Special Ed. services?</td>
<td>No</td>
<td>Yes, send immediately to school psychology</td>
</tr>
<tr>
<td>Section 504 services?</td>
<td>No</td>
<td>Yes, forward tc site 504 coordinator</td>
</tr>
</tbody>
</table>

### 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
- **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 expression is far below verbal expression

#### B. Reading
- **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
- **Y** N Impulsive, aggressive behavior
- **Y** N Withdrewn, daydreams, fearful, anxious, insecure
- **Y** N Poor peer relationships

#### D. Psychomotor
- **Y** N Restless, short attention span, distractible
- **Y** N Clumsy, awkward, poor coordination
- **Y** N Has physical handicap which impedes educational progress

#### E. Communication
- **Y** N Has difficulty following directions
- **Y** N Appears to have dysthymic 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
- **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
- **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.**
3. **PARENT CONTACTED (MUST BE WITHIN 10 DAYS)**
4. **CONCERNS NOTED ABOVE. AN SST TO BE INITIATED (SST DOCUMENT TO BE ATTACHED). IF NECESSARY A FORMAL MULTIDISCIPLINARY REFERRAL WILL FOLLOW TO ADDRESSES 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:**

*SY 2017-2018*
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 ___________________________________________ Diabetes ______________________

_____ Rheumatic Fever ___________________________________ Rubeola – Red or Hard Measles ______

_____ Mumps _____________________________________________ Rubella – German or 3-Day Measles ______

_____ Pneumonia __________________________________________ Strep Infections or Scarlet Fever ______

_____ 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:

_____________________________________________________________________________________

SY 2017-2018
My child has the following allergy problems (check all that apply):

_____ Asthma or Hay Fever  _____ Food Allergy
_____ Drug or medication allergy  _____ Severe reaction to insect sting
_____ Reaction to an immunization  _____ Eczema or hives
_____ Has frequent accidents  _____ 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:

_____ Has a poor appetite  _____ Has excessive thirst  _____ Eats too much
_____ Has sleep problems  _____ 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
Feels 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
Limps, 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 order 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 notices 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
**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.

<table>
<thead>
<tr>
<th>Quiet</th>
<th>Sensitive</th>
<th>Shy</th>
<th>Verbal</th>
<th>Emotional</th>
<th>Opinionated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>Assertive</td>
<td>Passive</td>
<td>Curious</td>
<td>Artistic</td>
<td>Cooperative</td>
</tr>
<tr>
<td>Tolerant of Others</td>
<td>Cries Easily</td>
<td>Impulsive</td>
<td>Seeks Approval</td>
<td>Perfectionist</td>
<td>Prefers to Play Alone</td>
</tr>
<tr>
<td>Sense of Humor</td>
<td>Critical of Self</td>
<td>Cautious</td>
<td>Self-Motivated</td>
<td>Easily Distracted</td>
<td>Prefers to Play with others</td>
</tr>
</tbody>
</table>

**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).

<table>
<thead>
<tr>
<th>Independent</th>
<th>Structured</th>
<th>Choices</th>
<th>Teacher Directed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centers</td>
<td>Cooperative Group</td>
<td>Hands-on Learning</td>
<td>Small Groups</td>
</tr>
</tbody>
</table>

_____________________________________________________________________________

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?

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

**SY 2017-2018**
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

Updated 12/2016
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 district’s 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)