Student Registration Packet
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
   - Copy of mortgage documents OR
   - Notarized statement from owner/renter indicating names of people who are living with the owner/renter OR
   - Valid Arizona motor vehicle registration
   
   **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

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*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 2021-2022
Dear Parent/Guardian;

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

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

Thank you for keeping our children healthy by complying with the vaccination requirements and Arizona State Laws regarding immunizations.
CAVE CREEK UNIFIED SCHOOL DISTRICT #93 STUDENT REGISTRATION FORM

STUDENT INFORMATION

STUDENT’S NAME: __________________________________________ GRADE ________ MALE ☐ FEMALE ☐

DATE OF BIRTH: ________________ PLACE OF BIRTH: ________________________________

City ____________________ State ________ Country __________________________

ETHNIC ORIGIN: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Hispanic/Latino

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

Name: ___________________________ DOB __/__/____

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 *

Name: ___________________________ DOB __/__/____

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

Name: ___________________________ DOB __/__/____

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.

Office Use Only: Date of Entry ________________ ID#

BMES ☐ DSA ☐ DWES ☐ HTES ☐ LMES ☐ STMS ☐ CSHS ☐ DPS ☐ Academy of Excellence (100% online) ☐

Grid Code: ______ Enrollment Code: _______ Bus Stop: _________ Bus Route: _________

SY 2021-2022
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.

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

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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 ☐ 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).
Arizona Department of Education
Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA). Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done before the student takes the AZELLA Placement Test.

1. What language do people speak in the home most of the time?

____________________________________________________________________

2. What language does the student speak most of the time?

____________________________________________________________________

3. What language did the student first speak or understand?

____________________________________________________________________

Student Name________________________________ District Student ID____________________
Date of Birth________________________________ SSID______________________________
Parent/Guardian Signature____________________________ Date_____________________
District or Charter____________________________________________________________
School_____________________________________________________________________

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

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 01-2020)
Encuesta sobre el Idioma en el Hogar

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

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

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

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

Distrito
Nombre del estudiante___________________________ Núm. de identificación______________________
Fecha de nacimiento ____________________________ SSID___________________________
Firma del padre o tutor_____________________________________ Fecha________________
Distrito o Charter_______________________________________________________________
Escuela_______________________________________________________________________

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

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)
Cave Creek Unified School District
REQUEST FOR RECORDS

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<tr>
<th>Student’s Last Name</th>
<th>First Name</th>
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<th>Birthdate</th>
<th>Present Grade</th>
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School that Student Last Attended ________________________________________________________________

Address of School Last Attended ________________________________________________________________

City, State, Zip ______________________________________________________________________________

Phone of School Last Attended __________________________ Fax of School Last Attended ________________

Please send records for the student listed above including:

- [ ] Withdrawal form (including AZ SAIS ID# if applicable)
- [ ] Health records (including immunization)
- [ ] Birth certificate
- [ ] Official transcript (high school) OR report cards/grade reports (K – 8)
- [ ] Withdrawal grades for current classes from sending school
- [ ] Standardized test results (including AIMS for the state of AZ)
- [ ] Attendance & discipline
- [ ] IEP, MET, Special Education records
- [ ] 504 plan (if applicable)
- [ ] ECAP (Education Career Action Plan) i.e. 4-year plan (high school only)
- [ ] Other _____________________________________________________________________________

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

Parent, Legal Guardian or School Official Signature ______________________________________________ Date __________

Please address all mail items to the selected school and:

(ATTN: Registrar
P.O. Box 426
Cave Creek, AZ 85327

(Please make sure you check the box for the school you wish the records to be returned to.)

- [ ] Black Mountain Elementary School 480-575-2100 480-488-6708 estephens@ccusd93.net
- [ ] Desert Sun Academy 480-575-2900 480-502-2364 jbridwell@ccusd93.net
- [ ] Desert Willow Elementary School 480-575-2800 480-419-7265 jmachin@ccusd93.net
- [ ] Horseshoe Trails Elementary School 480-272-8500 480-907-6643 sfairfield@ccusd93.net
- [ ] Lone Mountain Elementary School 480-437-3000 480-595-1312 jmorgan@ccusd93.net
- [ ] Sonoran Trails Middle School 480-272-8600 480-272-8699 jcouturier@ccusd93.net
- [ ] Cactus Shadows High School 480-575-2400 480-575-2388 plazo@ccusd93.net
- [ ] Special Education Department 480-575-2013 480-488-6711 parteca@ccusd93.net
- [ ] Academy of Excellence (100% online) 480-575-2301 480-575-2075 tanderson@ccusd93.net

1ST REQUEST __________ 2ND REQUEST __________
PARENT CONSENT FOR STUDENT SURVEYS*

Student’s name ________________________________________________________________

Last    First    M.I.

Current grade: ___________   Home phone: _________________   Cell phone: _________________

Work phone: _______________   Email: ____________________________________________

Parent/Legal Guardian ___________________________________________________________

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/Legal Guardian                          Date

Printed Name Parent/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
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.

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.

CCUSD® ensures that the online tools it provides to students maintains the privacy of student data in accordance with Arizona law.

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.

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.

☐ I decline permission for my child to use technology and the internet at school. By making this choice, I am aware that my child will be prohibited from using any CCUSD-provided Electronic Information Service.

Parent or Guardian Name (printed) ________________________________

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.

SY 2021-2022
CAVE CREEK UNIFIED SCHOOL DISTRICT #93
PROOF OF RESIDENCE FORM

Name of Student ____________________________ Grade ________ Student ID# ________
Name of Parent/Legal 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 2 Purchase/Escrow Agreement OR 3 Copy of Utility Bill* showing service address.

* Electric, Gas, Water bills will be accepted

Date of Occupancy ____________________________

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/Legal 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.
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.

SECTION 2

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 2021-2022  If 3, 4, or 5 were selected in section 2 please forward to Gina Durbin

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

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

TO BE FILLED OUT BY TEACHER

Student’s First Date of Attendance: ________________

Teacher: ___________________________ (please print name above)

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

A. ACADEMIC PROGRESS ______ No Difficulty
   Y N Learns very slowly
   Y N Significantly below classmates in academics
   Y N Appears to be a discrepancy between ability and achievement
   Y N Does not remember concepts taught day to day
   Y N Written expressions is far below verbal expression

B. READING ______ No Difficulty
   Y N Significantly below grade level
   Y N Learns from listening, but not from reading
   Y N Can follow verbal instructions, but not written ones

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

D. PSYCHOMOTOR ______ No Difficulty
   Y N Restless, short attention span, distractible
   Y N Clumsy, awkward, poor coordination
   Y N Has physical handicap which impedes educational progress

E. COMMUNICATION ______ No Difficulty
   Y N Has difficulty following directions
   Y N Appears to have dysfluent speech
   Y N Poorly articulates sounds of speech
   Y N Has difficulty expressing ideas
   Y N Sentence length or structure is not appropriate for age
   Y N Has harsh voice, inappropriate pitch or limited vocal inflection

F. VISION ______ No Difficulty
   Y N Blinking, rubbing, squinting of eyes
   Y N Tilts head to one side when reading
   Y N Holds book too close or too far

G. HEARING ______ No Difficulty
   Y N Frequently complains of earaches or has frequent ear infections
   Y N Seems not to pay attention or fails to respond when questioned
   Y N Turns one ear toward speaker or appears to be lipreading

H. ESL (English as a Second Language)
   Y N Developing comparable to same language peers

ACTIONS:
1 [ ] NO CONCERNS NOTED ABOVE. NO FURTHER ACTION NECESSARY AT THIS TIME.
2 [ ] ALTHOUGH DIFFICULTIES ARE NOTED THEY ARE CURRENTLY BEING ADDRESSED THROUGH MODIFICATIONS TYPICAL FOR STUDENTS AT THIS LEVEL. SST OR FURTHER EVALUATION CONSIDERATION IS NOT NECESSARY AT THIS TIME. PARENT CONTACTED (MUST BE WITHIN 10 DAYS)
3 [ ] CONCERNS NOTED ABOVE. AN SST TO BE INITIATED (SST DOCUMENT TO BE ATTACHED). IF NECESSARY A FORMAL 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/LEGAL GUARDIAN CONTACTED: ___________________________
SY 2021-2022
COMPREHENSIVE CHILD HISTORY

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

Child’s Name: ___________________________ DOB: __________ Male: ___ Female: ___
Mailing Address: _______________________________________________________________
Location Address: ___________________________ Home Phone: ___________________________
Parent/Legal Guardian ___________________________ Phone: ___________________________
Parent/Legal Guardian ___________________________ Phone: ___________________________
Primary Physician’s Name: ___________________________ Phone: ___________________________
Address: _______________________________________________________________
Date of last complete physical exam: _____________________________________________
Primary Dentist: ___________________________ Phone: ___________________________
Date of Last Exam: __________ Date of next scheduled exam: __________

Does your child have medical insurance? ______ Dental insurance: ___________________

Please list child’s brothers and sisters:

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<th>Name</th>
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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 2021-2022
My child has the following allergy problems (check all that apply):

- Asthma or Hay Fever
- Drug or medication allergy
- Reaction to an immunization
- Has frequent accidents
- Food Allergy
- Severe reaction to insect sting
- Eczema or hives
- 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
   ____ 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
   ____ 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/unsual 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 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 names  _____ Lying  _____ Thumb sucking
_____ Restlessness  _____ Jealousy  _____ Breath holding  _____ Anger
_____ Temper  _____ Glum, sulky mood  _____ Irritable, easily upset
_____ Stammering, stuttering, poor speech
_____ Nervous habits of any kind
_____ Destroys things on purpose
_____ 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/Legal Guardian Name(s): _____________________________________________

Home Phone: ______________  Work Phone: ____________  Cell Phone: __________

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

Quiet  Sensitive  Active  Tolerant of Others  Sense of Humor
Sly  Assertive  Cries Easily  Critical of Self
Verbal  Passive  Impulsive  Cautious
Emotional  Curious  Seeks Approval  Self-Motivated
Opinionated  Artistic  Perfectionist  Easily Distracted
Cooperative  Prefers to Play Alone  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  Structured Cooperative Group  Choices Hands-on Learning  Teacher Directed Small Groups

Other: __________________________

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 2021-2022
INTRODUCTION

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

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

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

The Arizona Department of Education may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student’s residency through documents provided by the parent/guardian may be required to repay the state aid received for that student. The following are examples of verifiable documentation parents may provide to demonstrate that they reside in a district.

VERIFIABLE DOCUMENTATION

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 must be provided at initial enrollment of a student in a school district or charter school in this state and reaffirmed, although not necessarily recollected, during the

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2 Pursuant to A.R.S. § 15-816 and A.R.S. § 15-816.01, Arizona’s mandatory open enrollment policies allow a student to apply for admission and transfer to any public school of his or her choice, based on available classroom space, even if it is outside of the student’s district of residence. There are two basic types of open enrollment policies: 1) Intra-district: Students transfer to another school within the resident school district, or 2) Inter-district: Students transfer to a school outside of their resident district.

3 For more information, please read [https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201405.pdf](https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201405.pdf).
district or charter’s annual registration process. This process will vary by the school, school district, or charter school (i.e. an annual form asking parents to confirm address).

Every school district or charter school is required, within 30 days of enrollment, to obtain a certified copy of a pupil’s birth certificate or other reliable proof of the pupil’s identity and age, or a letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law. A school district or charter school MAY seek photo identification from the person enrolling a student to ensure that the adult is entitled to enroll the student in school, as long such a requirement does NOT unlawfully bar a student from enrolling in school.

In case of an ADE Audit, the school, school district or charter school will be asked what process is used and what documentation is obtained via this process. If the student’s residence has not changed, an affirmation (via a checkbox) that the previously provided proof of residency remains accurate should be sufficient. The documentation supporting Arizona residency should be maintained according to the school’s records retention schedule.

For members of the armed services, a school may enroll a student if the parent provides a hard-copy or electronic document of their transfer or pending transfer to a military installation within the state. The parent must provide official documentation of residency within ten days after the arrival date which may include a temporary on-base billeting facility as their address. PROOF OF RESIDENCY IS NOT REQUIRED FOR HOMELESS STUDENTS. 42 U.S.C. § 11 432(g)(3)(C)(i).

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent or legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family’s household is multi-generational. Different documentation is required for each circumstance.

1. **Parent(s) or legal guardian(s) that maintains his or her own residence**: The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide one of the following documents, which bear the parent or legal guardian’s full name and residential address or physical description of the property where the student resides (no P.O. Boxes):
   - Valid Arizona driver’s license, Arizona identification card
   - Valid Arizona motor vehicle registration
   - Valid Arizona Address Confidentiality Program authorization card
   - Property deed/Mortgage documents
   - Property tax bill
   - Rental agreement or lease (including Section 8 agreement or off-base military housing)
   - Utility bill (water, electric, gas, cable, phone)
   - Bank or credit card statement
   - W-2 wage statement
   - Payroll stub

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5 Other proof of the pupil’s identity/age includes: pupil’s baptismal certificate, an application for social security number or original school registration records and an affidavit explaining inability to provide a copy of the birth certificate, A.R.S. § 15-828 (A)(1)-(3).
6 For more information, please read U.S. DOJ Civil Rights Division “Fact Sheet: Information on the Rights of All Children to Enroll in School”, [https://www.justice.gov/sites/default/files/crt/legacy/2014/05/08/plylerfact.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2014/05/08/plylerfact.pdf).
7 Per A.R.S. §15-824 (C), "Homeless student" means a pupil who has a primary residence that is: (1) A supervised publicly or privately operated shelter designed to provide temporary living accommodations; (2) An institution that provides a temporary residence for individuals intended to be institutionalize or; (3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
• Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe located in Arizona
• Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans’ Administration, Arizona Department of Economic Security, etc.)
• Temporary on-base billeting facility (for military families)

*A model Arizona Residency Documentation Form is available for schools at the end of this document.

2. **Parent(s) or legal guardian(s) that does not maintain his or her own residence:** The parent or legal guardian must have an **affidavit of shared residency** form completed indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit for the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the bulleted list bearing the name and address of the person who maintains the residence.

*A model Affidavit of Shared Residence form is available for schools at the end of this document.

**USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS**

School officials must **retain a copy** of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indication of residency; however, documentation is subject to audit by the Department.

Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing. **MOST INFORMATION PROVIDED BY PARENTS AND GUARDIANS TO ARIZONA PUBLIC SCHOOLS IS AN EDUCATIONAL RECORD MADE CONFIDENTIAL UNDER THE FEDERAL EDUCATIONAL RIGHTS AND PRIVACY ACT AND ARIZONA LAW UNLESS DESIGNATED BY THE SCHOOL AS DIRECTORY INFORMATION. A PARENT OR GUARDIAN MAY OPT OUT OF DIRECTORY INFORMATION IN ACCORDANCE WITH DISTRICT POLICY. OTHERWISE, EDUCATIONAL RECORDS ARE ONLY USED FOR LEGITIMATE EDUCATIONAL PURPOSES.**
Arizona Department of Education
Arizona Residency Documentation Form

Student ____________________________ School ____________________________

School District or Charter Holder ____________________________

Parent/Legal Guardian ____________________________________________

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

___ Valid Arizona driver’s license, Arizona identification card or motor vehicle registration
___ Valid Arizona Address Confidentiality Program authorization card
___ Real estate deed or mortgage documents
___ Property tax bill
___ Residential lease or rental agreement
___ Water, electric, gas, cable, or phone bill
___ Bank or credit card statement
___ W-2 wage statement
___ Payroll stub
___ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran’s Administration, Arizona Department of Economic Security)
___ Temporary on-base billeting facility (for military families)

___ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

__________________________________________
Signature of Parent/Legal Guardian

__________________________________________
Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.
State of Arizona
Affidavit of Shared Residence

Student Name: ____________________________________________________________

Parent/Legal Guardian Name: ________________________________________________

School Name: __________________________________________________________________

School District or Charter Holder: ________________________________________________

Name of Arizona Resident: ______________________________________________________

I, (resident name) ____________________________________________________________, 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 Arizona Address Confidentiality Program authorization card
____ Real estate deed or mortgage documents
____ Property tax bill
____ Residential lease or rental agreement
____ Water, electric, gas, cable, or phone bill
____ Bank or credit card statement
____ W-2 wage statement
____ Payroll stub
____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran’s Administration, Arizona Department of Economic Security)

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: ___________________________
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)