

- Ellsworth Elementary
 Harmon Elementary
 Ranch Elementary
 Simonton Elementary
 Combs Traditional Academy
 Combs Middle (7-8 grade)
 Combs High
 Kinder Prep
 Preschool POPS

Student's Full Name _____ Grade _____ Date of Birth _____
(Please print name as it appears on the Birth Certificate or Adoption papers.)

Name Student Prefers (if different from legal name) _____
 Male Female Birthplace _____

Ethnic Background: <input type="checkbox"/> Not Hispanic or Latino	Race (select one or more) <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Am. Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian
---	---

Check Student Relationships:

Lives With O.K. to Pick Up Send Mailings

	✓	✓	✓
Father			
Mother			
Other _____			
Other _____			

Previous School Information

Name _____
 Address _____
 City _____ State _____
 ZIP _____ Phone _____

Include Grades for Middle School and Transcripts for High School

Parent Information:

Parent Stepparent Foster Guardian (Circle one)
 Father's Name _____
 Father's Home Phone _____
 Father's Address _____
 Father's Employer _____
 Cell Phone _____ Work Phone _____
 Email _____

Parent Stepparent Foster Guardian (Circle one)
 Mother's Name _____
 Mother's Home Phone _____
 Mother's Address _____
 Mother's Employer _____
 Cell Phone _____ Work Phone _____
 Email _____

List the names of people who can assume responsibility if the parent/guardian is not available in case of an emergency or illness. These people should be aware that they will be contacted if you cannot be reached.

Name _____ Home _____ Cell _____ Work _____ Relationship _____
 Name _____ Home _____ Cell _____ Work _____ Relationship _____

Is there anyone we should be aware of who MAY NOT pick up your child? _____

THIS STUDENT HAS QUALIFIED FOR OR PLACED IN:				QUESTIONS	
	YES	NO			
I.E.P. Category				What is the primary language used in the home regardless of the language spoken by the student?	
504 Plan Placement				What is the language most often spoken by the student?	
Title I				What is the language that the student first acquired?	
Retained in Grade ____				My student is currently on long-term suspension or expulsion from another school / school district <input type="checkbox"/> Yes <input type="checkbox"/> No	
Migrant Program				NOTES:	
ESL/ELD					
Gifted Program					

I, the undersigned parent/guardian, hereby affirm that all of the above information is true and correct. I understand that it is my responsibility to keep this information current and agree to notify the school immediately regarding changes in any of this information.

Signature _____ Date _____

Has your student ever been enrolled in J.O. Combs School District? Yes or No If yes, at what school? _____

Has your student ever been enrolled in a school in Arizona? Yes or No If yes, at what school? _____

SIBLING INFORMATION (please list name, date of birth, grade, and school):

Name _____ Date of Birth _____ Grade _____ School _____
 Name _____ Date of Birth _____ Grade _____ School _____
 Name _____ Date of Birth _____ Grade _____ School _____

District Use Only:

District ID# _____	Grade/Section _____	Immunization Record _____	Accepted by _____
Enrollment Date _____	Teacher _____	Proof of Residency _____	Date Entered in _____
Entry Date _____	Original Birth Cert _____	Photo ID _____	Schoolmaster _____
Entry Code _____	W/D Form _____	Custody Papers _____	
Transcripts/Grades _____	Bookstore _____	Health Office _____	Entered by _____

J. O. Combs Unified School District
Student Annual Medical Information Form

STUDENT/PARENT INFORMATION			
Child's Legal Name:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Physical Address:		Date of Birth:	Grade:
Mother/Step/Guardian Name:			
Home Phone:		Work Phone:	Cell Phone:
Father/Step/Guardian Name:			
Home Phone:		Work Phone:	Cell Phone:
Father/Mother/Step/Guardian Email Address:			
Child resides with: () Both Parents () Mother () Father () Guardian			

EMERGENCY CONTACT INFORMATION			<i>(must be 18 years of age or older)</i>
<i>Please provide 3 individuals who will assume responsibility of your child in case of illness or accident until you are reached</i>			
Name	Relationship	Phone Numbers (H)ome, (W)ork, (C)ell	
1.		(H)	(W) (C)
2.		(H)	(W) (C)
3.		(H)	(W) (C)

STUDENT MEDICAL/HEALTH INFORMATION			
Please indicate if your child as any of the following conditions.		Please indicate if your child has an allergy. Please specify.	
Asthma		Food	
Seizures (Type)		Environmental	
Diabetes		Medicines/Drugs	
List other conditions		Other Allergy	
Recent illness, hospitalization, and/or surgery. Please provide date(s) and description(s).			
Current Medications (Name and Dosage)			
Physician/Health Care Provider Name		Provider's Phone Number	

<p>Preferred Hospital _____</p> <p><i>In case of serious illness or injury, I understand that my child will be taken to the closest hospital by ambulance, if necessary, and emergency treatment will be provided until parent or legal court-ordered guardian can be contacted. Any expenses for emergency transportation and/or treatment shall be the responsibility of the parent or legal court-ordered guardian.</i></p> <p>_____ Parent/Guardian Signature</p> <p>_____ Date</p>	<p>Please check one of the statements below and sign:</p> <p>_____ I give the district/school authority to administer the recommended dosage of non-aspirin (acetaminophen) when my KG – 12th grade child has: ____ fever ____ pain ____ other</p> <p>_____ I do not give the district/school authority to administer the Recommended dosage of non-aspirin (acetaminophen)</p> <p>_____ Parent/Guardian Signature</p> <p>_____ Date</p>
--	--

Please see other side for medication procedures

J. O. Combs Unified School District

Medication Procedures

When it is essential to a child's health that he/she take medication during school hours:

1. Prescription medication must be prescribed by the student's physician and parent's consent form must be signed for giving the medication at school. These consent forms are available in the Health Office.
2. Prescription drugs must be in the original pharmacy container, labeled with the Student's name, date, medication, dose, time to be taken at school and length of treatment. (You may request the Pharmacist to prepare a second bottle for school use.)
3. The parent must bring the medication to school. Students are not allowed to transport medication.
4. Students may carry asthma inhaler and/or emergency allergy pen with a current prescription on the medication for student and a consent to carry form that has been signed by the parent/guardian. These consent forms are available in the Health Office.
5. Medication will be administered in the presence of the school nurse and/or health assistant, or in their absence, by the person designated by the school principal.
6. All over-the-counter and/or non-prescription medication must be approved by the Food & Drug Administration and come in the original non expired container with label and package directions. The parent must sign a release form available through the Health Office and file it with the school nurse and/or Health Assistant for medication to be administered in the Health Office. A physician's note will be required to give any over-the-counter and/or non-prescription medication for more than 3 days.
7. We typically do not give medication at school if it is only prescribed for 3 times per day or less unless the Physician prescribes the medication for a specific time.
8. Crutches and Wheelchair use by students for an injury require a doctor note stating injury & estimated length of time needed. These items must be supplied by the parent/guardian.



**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: _____

Date of Birth: _____ School Year: _____

Parent/Guardian Signature: _____ Date: _____

District: **J.O. Combs Unified School District #44**

- Ellsworth Elementary Harmon Elementary Ranch Elementary Simonton Elementary
- Combs Traditional Academy Combs Middle (7-8 grade) Combs High
- Preschool Academy Kinder Prep Preschool POPS

Home Language Survey to:

- Student Cumulative Folder (Original) Site ELL Coordinator (Copy) Dean of Instructional Services (Copy)

Student I.D. _____ SAIS I.D. _____

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

Migrant Child Education Eligibility Form

- Ellsworth Elementary
 Harmon Elementary
 Ranch Elementary
 Simonton Elementary
 Combs Traditional Academy
 Combs Middle (7-8 grade)
 Combs High
 Preschool Academy
 Kinder Prep
 Preschool POPS

Name of Student _____

Grade _____

Your child may be eligible for services from the Migrant Child Education Program. A Migrant Home Liaison will contact you if you meet eligibility criteria.

Have you, your spouse, or children moved to this school district in the past 12 months because of a change in your employment in the agricultural field? *(If you answer NO, do not continue.)*

Yes

No

Father _____

Occupation _____

Mother _____

Occupation _____

Address _____

Phone Number _____

Cell or Message _____

Alternative Contact Name/Phone Number _____

To qualify for the Migrant Child Education Program, have you or anyone in your family worked in agriculture or have been looking for work in any of the following areas?

Working in a nursery

Watering trees or plants

Picking fruits or vegetables

Working in the orchards

Working on a ranch, farm or in the fields

Cultivating, harvesting, planting

Working in a dairy

Packing fruits or vegetables

Operating machinery (tractors)

Student Residency Questionnaire

- Ellsworth Elementary
 Harmon Elementary
 Ranch Elementary
 Simonton Elementary
 Combs Traditional Academy
 Combs Middle (7-8 grade)
 Combs High
 Preschool Academy
 Kinder Prep
 Preschool POPS

This questionnaire is intended to address the McKinney-Vento Assistance Act, U.S.C.A. 42 section 11302(a). Your answers will help us determine residency information necessary for potential services for this student.

Name of Student _____
Last
First
Middle

Male
 Female
 Date of Birth _____
 Age _____
Month/Day/Year

1. Presently, where is the enrolling student living? (Check the **one box** that applies)

- In an emergency shelter.
- In a motel, car, park, camper or campsite.
- With another family in a house or apartment.
- With friends or family members other than parent/guardian.
- Awaiting foster care placement.
- The choices above do not apply. You do not need to complete the remainder of this form.**

2. The student lives with:

- One Parent
- Two Parents
- One Parent and another adult that is not the legal guardian
- A relative, friend(s), or another adult that is not the parent or the legal guardian

Name of Parent/Legal Guardian(s) if available _____

Residence Address _____

Mailing Address _____

Phone Number _____

Alternative Contact Name & Phone Number _____

Signature of Parent/Legal Guardian _____ Date _____

McKinney-Vento Survey to:

- Student Cumulative Folder (Original)
 McKinney-Vento Liaison (Copy)

Transportation Form

- Ellsworth Elementary
 Harmon Elementary
 Ranch Elementary
 Simonton Elementary
 Combs Traditional Academy
 Combs Middle (7-8 grade)
 Combs High
 Seminary Student
 Preschool POPS

TRANSPORTATION START DATE _____

STUDENT'S NAME _____
LAST FIRST MIDDLE

HOUSE # AND STREET _____ APT. OR SPACE # _____

MAILING ADDRESS (If different from above) _____

CITY _____ STATE _____ ZIP _____ SUBDIVISION _____

GRADE _____ HOME PHONE _____ DATE OF BIRTH _____ SEX M F

MOTHER _____ WORK PHONE _____

FATHER: _____ WORK PHONE _____

EMERGENCY CONTACT NAME _____ PHONE _____

CHECK IF TRANSPORTATION IS **NOT** REQUIRED FOR AM PM

*Note: Checking not required for AM or PM above does not make your child ineligible to ride.
You may call Transportation to schedule your child on a route at any time.*

Transportation for students attending on An Open Enrollment is the responsibility of the Parent/Guardian.

ALTERNATIVE TRANSPORTATION INFORMATION – IF NEEDED

PICK-UP INFORMATION IF OTHER THAN HOME STOP (ADDRESS OF CAREGIVER OR NAME OF DAYCARE PROVIDER):

CONTACT PERSON _____ PHONE _____

CHECK DAYS THAT APPLY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

DROP-OFF INFORMATION IF OTHER THAN HOME STOP (ADDRESS OF CAREGIVER OR NAME OF DAYCARE PROVIDER):

CONTACT PERSON _____ PHONE _____

CHECK DAYS THAT APPLY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

OFFICE USE ONLY:

DRIVER _____ ROUTE _____ P/U TIME _____ D/O TIME _____

BUS STOP _____

Authorization for Release of Student Records

Student Name (Please print name as it appears on the Birth Certificate or Adoption papers.)

Last	First	Middle	
Date of Birth	Grade		
Last School Attended			
Address	City	State	ZIP
Phone	Fax		

The above named student has enrolled in our school. Please forward the following records:

AIMS & Standardized Test Results	Transcript of Grades	Attendance Records
Special Education Records/504 Plan	Withdrawal Grades	Copy of Birth Certificate
Psychological Report/Eligibility	Health Card/Immunizations	

**** Please send records to school indicated below ****

<input type="checkbox"/> Ellsworth Elementary School 38454 N. Carolina Ave. San Tan Valley, AZ 85140 480-882-3520 480-987-8250 (fax)	<input type="checkbox"/> Jack W. Harmon Elementary School 39315 N. Cortona Dr. San Tan Valley, AZ 85140 480-882-3500 480-888-9143 (fax)
<input type="checkbox"/> Kathryn Sue Simonton Elementary School 40300 N. Simonton Blvd. San Tan Valley, AZ 85140 480-987-5330 480-987-5281 (fax)	<input type="checkbox"/> Ranch Elementary School 43521 N. Kenworthy Ave. San Tan Valley, AZ 85140 480-882-3530 480-655-6412 (fax)
<input type="checkbox"/> Combs Traditional Academy 37327 N. Gantzel Rd. San Tan Valley, AZ 85140 480-987-5320 480-987-5009 (fax)	<input type="checkbox"/> J.O. Combs Middle School 37611 N. Pecan Creek Dr. San Tan Valley, AZ 85140 480-882-3510 480-888-8049 (fax)
<input type="checkbox"/> Combs High School 2505 E. Germann Rd. San Tan Valley, AZ 85140 480-882-3540 480-987-0837 (fax)	<p>* In accordance with the Family Educational Rights and Privacy Act of 1974 and Arizona State Law: Parent permission is no longer required when records are requested by authorized school personnel.</p>

* Parent Signature _____

Date _____

Office Use Only:	
Enroll Date _____	Rec'd Request _____
Entry Date _____	Method _____
Date Rec'd _____	



**Arizona Department of Education
Arizona Residency Guidelines
9/22/11**

INTRODUCTION

Generally, under Arizona law, only Arizona residents are entitled to a free public education. The Arizona Department of Education (“Department”) is a designated steward of state education tax dollars and is responsible for providing state aid to school districts and charter schools for students who reside in Arizona. Pursuant to A.R.S. § 15-823(J), a school district or charter school may not include non-resident pupils in their student count and may not obtain state aid for those pupils. The residency of a student is determined by the residency of the parent or guardian with whom the student lives. Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that their student/parent residency information is accurate and verifiable. The Department 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 status may be required to repay the state aid received for that student.

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 each time a student enrolls in a school district or charter school in this state, and reaffirmed during the district or charter’s annual registration process via the district or charter’s annual registration form. The documentation supporting Arizona residency should be maintained according to the school’s records retention schedule.**

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/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 United States passport
- Property deed

- Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)

2. Parent(s) or legal guardian(s) that does not maintain 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 submit a signed, notarized affidavit bearing the name and address of 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 above bearing the name and address of the person who maintains the residence. A model affidavit is available for schools at: <http://www.azed.gov/finance/files/2011/10/arizona-residency-guidelines.pdf> .

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 indicia 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.



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

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

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

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

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

Signature of Parent/Legal Guardian

Date



State of Arizona
Affidavit of Shared Residence

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

Persons who reside with me:

Location of my residence:

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

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

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

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

Notary Public

My Commission Expires:

**J.O. Combs Unified School District
Student Directory Information and
Media Release Opt-Out Form**

The *Family Educational Rights and Privacy Act* (FERPA), a Federal Law, requires the J.O. Combs Unified School District (JOCUSD), with certain exceptions, to obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, the School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures.

The JOCUSD strives to celebrate the accomplishments of its students by sharing information with the community. It is the intent and practice of the JOCUSD to publish, post, or release **ONLY** a student's name, photograph, audio and/or video recording, displays of student work or other school-related information such as student achievement (e.g. academic/athletic recognition or award) or student accomplishment (e.g. a specially selected piece of work). Examples include but are not limited to:

- A program, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs;
- Sports activity sheets, such as wrestling, showing weight and height of team members;
- Social media or district websites showing classroom activities, athletics, school events
- Display of art projects on the school website

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Act of 1965* (ESEA) to provide military recruiters, upon request, with the following information - names, addresses and telephone listings - without their prior written consent.

If you agree to allow JOCUSD to publish and/or display such information about your students for non-commercial purposes and without cost, **no action is required**.

By signing and returning this form to my child's school, I formally state that I DO NOT grant permission to JOCUSD to disclose any of the directory information that I have checked below without my prior written consent, and I must notify the District in writing (by returning this signed form to the school annually).

It is my understanding that any changes must be made on this form at my child's school.

Please restrict the release of information designated as directory information concerning (**student's name-** please print legibly) _____ as indicated (✓) below:

<input type="checkbox"/> Student's name	<input type="checkbox"/> Dates of attendance
<input type="checkbox"/> Address	<input type="checkbox"/> Major Field of Study
<input type="checkbox"/> Telephone listing	<input type="checkbox"/> Enrollment Status
<input type="checkbox"/> Email address	<input type="checkbox"/> Participation in officially recognized activities and sports
<input type="checkbox"/> Date, Place of Birth	<input type="checkbox"/> Weight/Height (athletic teams only)
<input type="checkbox"/> Photograph	<input type="checkbox"/> Diplomas, honors, and awards received
<input type="checkbox"/> Grade Level	<input type="checkbox"/> Most recent school attended

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name