

CURRENTLY ENROLLED IN DVUSD STUDENT REGISTRATION

For students who are currently attending a DVUSD school for the current school year

DEER VALLEY HIGH SCHOOL

18424 N. 51st Ave, Glendale, AZ 85308

602-467-6700 (FAX 602-467-6780)

Documents for student enrollment at Deer Valley High School who are currently attending a DVUSD school

- **Parent/Legal Guardian Photo ID**
- **Proof of Residence** (*utility bill, lease or purchase agreement in parent/guardian's name*)
- **State of Arizona Affidavit of Shared Residence**
 - *If your family is residing with a friend or family member you will need to submit a notarized Affidavit of Shared Residence form along with that person's proof of residence documentation in the form of a utility bill, lease or purchase agreement with both student and parent/guardian name listed under "persons who reside with me". Otherwise, disregard the form.*
- **9th Grade Course Request Card** (*even if you completed this electronically at your feeder school, we still need you to complete the green card*)

Student Academic Planning Guide: www.dvhs.dvUSD.org

Click on Departments/Counseling/DVHS Courses to find the Academic Planning Guide

The Deer Valley Unified School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. For any inquiries regarding nondiscrimination policies contact the Superintendent's Department, 20402 N. 15th Avenue, Phoenix, AZ 85027 or at (623) 445-5000.



DEER VALLEY UNIFIED SCHOOL DISTRICT #97
STUDENT REGISTRATION FORM

STUDENT ID #
STATE ID #

STUDENT'S LEGAL NAME: LAST FIRST MIDDLE AGE: SEX: GRADE:

ETHNICITY: (check one) Hispanic or Latino NOT Hispanic or Latino

RACE: (Please check all that apply and circle the primary race) White Black / African American Asian Native Hawaiian / Other Pacific Islander
American Indian / Alaskan Native Affiliation & Tribal Name:

ADDRESS: CITY: ZIP: PRIMARY #:

DATE OF BIRTH: STATE /COUNTRY OF BIRTH:

PARENT/LEGAL GUARDIAN EMAIL ADDRESS:

STUDENT LIVES WITH: Parent/Legal Guardian (Father) List "other" non-legal guardians on Student Health and Release information card

LEGAL NAME: CELL #: HOME #: WORK #:

STUDENT LIVES WITH: Parent/Legal Guardian (Mother) List "other" non-legal guardians on Student Health and Release information card

LEGAL NAME: CELL #: HOME #: WORK #:

Child with a parent who is a member of the Armed Forces on active duty (includes a parent who serves on full-time National Guard Duty): Yes No

LEGAL CUSTODY (Check one only)

PARENT/LEGAL GUARDIAN If divorced or separated - court documents must be on file at school

DIVORCED: Yes No

Child is in foster care: Yes No

Has child previously attended a school in Deer Valley District? Which one: When:

SCHOOL PREVIOUSLY ATTENDED: PHONE #:

ADDRESS/CITY/STATE/ZIP: YRS. ATTENDED:

Years of school attended including kindergarten: AZ US Last grade attended:

Is the above named child:

Yes No Expelled or being considered for expulsion from any school or district?

Yes No Long-term suspended or being considered for suspension from any school or district? (Long-term suspension is 11 or more days)

Yes No N/A In compliance with conditions imposed by a juvenile court?

Special classes student has attended: ESL Gifted

Does the student currently have an IEP (Individual Education Plan)? Yes No

Does the student currently have a 504 Accommodation Plan? Yes No

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?

4) Do you have an I-94? If yes, please provide a copy.

If a language other than English is indicated on this form, your child will be tested for English proficiency.

Student has a medical condition: Yes No

Please provide further information on the Student Health Information and Medical History Form.

Please indicate how you heard or where you read about your DVUSD School:

Postcard Neighborhood School Magazine Ads/Newspaper Ads Friend/Family Member Website/Internet Search

PARENT'S/LEGAL GUARDIAN'S SIGNATURE: DATE:

FOR OFFICE USE ONLY

SCHOOL: TEACHER: ROOM #: RECORDS REQ:

IMM: B/C: LEGAL PAPERS: POR: PR-LNG

OPEN ENROLLMENT AREA BREAKDOWN: ENTRY CODE:

ENROLLMENT DATE DATE ENTERED SIS REGISTRAR



**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



Student Emergency Contact Information Form

Please read the information below and write any corrections to the right of each answer in the "Corrections" column

General Information	Current Record	Corrections
Name:	Grade Level: HR:	Documents required if address changed
Mailing Address:		
Birth Date:	Gender:	
Physical Address:		
Primary Phone Number:		
Primary Parent/Guardian Email Address:		

Legal Parent/Guardian Information	Current Record	Documents required if custody changed
Parent/Legal Guardian		
Home Phone		
Cell/Text Alert		
Work Phone		
Parent/Legal Guardian		
Home Phone		
Cell/Text Alert		
Work Phone		

I AUTHORIZE the following individuals to pick up and assume responsibility for the above named student.

Individual(s)	Current Record
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1.Name and relationship to student: Phone contact:	
2.Name and relationship to student: Phone contact:	
3.Name and relationship to student: Phone contact:	
4.Name and relationship to student: Phone contact:	
5.Name and relationship to student: Phone contact:	

OTHER CHILDREN & AGES IN FAMILY: _____

To the best of my knowledge, this student does not have any health problems that would be harmful to him/her while participating in Physical Education or would require a physical exam. The high schools have a Limited Lifetime Sports Class for short or long-term disabilities.

I have listed any health conditions and/or required medication for this student on the reverse side of this form.

BE IT KNOWN that I, the undersigned parent or legal guardian of the student named above, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend through the current school year.

IT IS FURTHER understood that any expenses incurred will be paid by insurance or the parent of the student. Payment of the expense is not a school responsibility. Forms to purchase Student Accident Insurance are available at the school.

BE IT KNOWN THAT I, THE UNDERSIGNED PARENT/LEGAL GUARDIAN OF THE STUDENT NAMED ABOVE, UNDERSTANDS THAT I NEED TO UPDATE THIS FORM FOR THIS STUDENT WHEN ANY CHANGES ARE MADE RELATING TO HEALTH, RESIDENCY, PHONE NUMBERS AND EMERGENCY CONTACTS.

Signature required: _____ Dated: _____
 The above signature acknowledge that I have read and consent to the above.
PLEASE COMPLETE REVERSE SIDE

Student Health Information and Medical History

Name: _____

Grade: _____ HR Teacher: _____

Has your child had chicken pox? Yes _____ at what age? _____ No _____

IF YOUR CHILD HAS NO CURRENT, ACTIVE MEDICAL CONDITIONS OR SIGNIFICANT MEDICAL HISTORY, THAT COULD POTENTIALLY IMPACT HIS/HER DAY AT SCHOOL, PLEASE INITIAL HERE _____

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

Known hearing loss: _____ Hearing Aid? _____

ALLERGIES Please explain details of any allergy that your child has.

Bee Sting: _____

Food: _____

Latex: _____

Medications: _____

Seasonal: _____

Other: _____

HEALTH CONDITIONS (List medication and circle home (H) or school (S) or both (HS))

ADD/ADHD: _____ Medication: _____ H S

Asthma: _____ Medication: _____ H S

Heart Condition: _____ Medication: _____ H S

Diabetic: _____ Medication: _____ H S

Seizure Disorder: _____ Medication: _____ H S

OTHER HEALTH CONDITIONS AND/OR HISTORY

Please list any/all significant health conditions and/or history: _____

OTHER MEDICATIONS taken by your child, please list and circle home (H) or school (S) or both (HS):

_____	H S	_____	H S
_____	H S	_____	H S
_____	H S	_____	H S
_____	H S	_____	H S

Written consent to administer medication at school must be given by parent/legal guardian. Students are not permitted to carry/possess medication at school, or to and from school. Exceptions must be arranged by parents through the nurse in accordance with Deer Valley Unified School District Policy and Procedures. DVUSD does not stock or provide any medication for students.

Please see the nurse at school if health or medical information changes for your child.



DEER VALLEY
Unified School District

Directory, Internet, and E-Mail User Agreement Grade Level 9-12

STUDENT'S NAME (PLEASE PRINT) _____

STUDENT I.D.# _____ SCHOOL: _____

PARENT'S/GUARDIAN'S NAME: (PLEASE PRINT) _____

NOTICE TO PARENTS REGARDING DIRECTORY INFORMATION:

According to state and federal law, directory information may be publicly released to an institution of higher learning (community colleges, universities, trade schools) or military representatives. Directory information may consist of the student's name, grade level, address and phone number, dates of attendance, enrollment status, participation in officially recognized activities and sports, weight and height (if a member of an athletic team), honors and awards received, date and place of birth, and image in photographs or video.

Please note the following statement from the U.S. Department of Education: "Recognizing the challenges faced by military recruiters, Congress recently passed legislation that requires high schools to provide to military recruiters, upon request, access to secondary school students and directory information on those students. Both the No Child Left Behind Act of 2001 and the National Defense Authorization Act for Fiscal Year 2002 reflect these requirements. In accordance with those Acts, military recruiters are entitled to receive the name and address listing of juniors and seniors in high school."

Family Educational Rights and Privacy Act (FERPA) allows schools to disclose directory information without consent to the following parties or under the following conditions:

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific state law.

You are required to initial beside only ONE of the following statements:

_____ I give consent to DVUSD to release Directory Information regarding my child for non-commercial purposes. (This includes permission for your child to participate in individual and class photos, appear in the yearbook, promoted through school and district publications for awards, special recognitions, sports and extracurricular activities.)

_____ I **do not** give consent to DVUSD to release Directory Information regarding my child for the following: **(check all that apply)**

_____ My child's photo to be taken individually or in class photo and published in the school yearbook.

_____ My child's photo to be published in school or district publications including the student newspaper, local newspapers, publications for awards, special recognitions, or sports and extracurricular activities.

_____ My child's Directory Information to be released to any institution of higher education: community colleges, universities, trade schools.

_____ My child's Directory Information to be released to a military recruiter.

If the school district does not receive this notification from you within two weeks of receipt of this notice, it will be assumed that your permission is given to release your child's directory information. Please be assured that your child's safety and welfare are our primary concerns. As in the past, we will be prudent and cautious in all of our practices regarding this issue. If you wish to make a change to your choice above, you can do so at any time by contacting your child's school. This form will remain in effect until an updated form is filled out and returned to your child's school.

CONTINUED ON NEXT PAGE

NOTICE TO PARENTS REGARDING INTERNET AND EMAIL USER AGREEMENT:

The DVUSD Network is provided for students/users to conduct research and communication for academic purposes only as determined by the District curricula. Independent access to network services is provided to students/users who agree to act in a considerate and responsible manner. Access is a privilege, not a right, and entails responsibility. Students are responsible for appropriate behavior/communication on school computer networks, just as they are in classrooms or school buildings. Network storage areas may be treated like school lockers. All network administrators/teachers may review files and communications to maintain system integrity and ensure responsible use of the Internet by requesting a search history of websites visited to ensure that such use meets the District's intent as a tool for academic purposes. Files stored on District servers are not private. Communications are public and often uncensored and students may come in contact with materials that are controversial or inaccurate from all around the world. The District uses an internet filtering mechanism that promotes the safety and security of the use of the District's online computer network when using electronic mail, chat rooms, instant messaging, and other forms of direct electronic communications. The District is not responsible for the accuracy or appropriateness of information retrieved, or for lost, damaged or unavailable information. Outside of school, families must bear the responsibility for such guidance as they also must do with information sources such as television, telephone, movies, radio and other potentially offensive media. Parents may revoke their students' Internet/E-Mail privileges at any time by notifying the school in writing.

The following are not permitted:

1. Send, access, download or display offensive messages or pictures
2. Use obscene, profane, lewd, vulgar, rude, inflammatory, threatening, or disrespectful language
3. Harass, insult or attack others
4. Damage computers, systems or networks
5. Violate copyright laws and regulations
6. Use passwords of others
7. Share passwords with others
8. Trespass in others' folders, work or files
9. Employ the network for commercial purposes
10. Provide personal information, i.e., names, addresses, phone numbers, card numbers, etc.
11. Tamper as defined in A.R.S. 13-2316 and as described under the infraction Computer/Network Infraction/Telecommunication Device and in the DVUSD Student Rights and Responsibilities handbook
12. Students may not install, copy, or download games, music, movies, and any unauthorized software or violate any copyright laws
13. Post chain letters or engage in "spamming"
14. Gain unauthorized access to District network resources

Sanctions:

1. Violations of this Internet and Email User Agreement may result in a loss of access
2. Violations of this Internet and Email User Agreement may be subject to disciplinary action including expulsion/dismissal
3. When applicable, law enforcement agencies will be involved

CONTINUED ON NEXT PAGE

By not signing the Internet and E-Mail User Agreement, you must be aware that your child:

1. May observe other students using the Internet
2. May witness classroom teachers using the Internet as an instructional tool
3. May witness other campus staff using the Internet for instructional purposes (Ref. DVUSD Policy IJNDB)
4. Will not be able to use Wi-Fi enabled technology to access curriculum and other instructional materials
5. May take required state assessments on Wi-Fi enabled technology using a secure browser

By signing the DVUSD Directory, Internet, and E-Mail User Agreement, you agree to the terms and conditions listed above for the duration of the student's enrollment in Deer Valley Unified School District or until directory selection or internet/E-mail privileges are revoked by the parent/guardian in writing.

Student's Name (Please Print) _____

Parent/Guardian Signature

Date

Student Signature

Date