GUIDELINES FOR REGISTRATION

Parent/Guardian needs to furnish at time of registration:

- Immunization Record
- Copy of picture ID of the Parent/Guardian (drivers license)
- Official withdrawal form from the previously attended AZ School

30 Days to Provide (if unavailable at the time of registration):

- Birth certificate or a certified copy (See J-0650-Policy Manual)
- Proof of residency (utility bill, rent receipt, lease agreement, escrow doc.)
- Legal guardian or custody papers, if applicable
- Official report card/transcript from previously attended school

Documents to be Completed by Parent/Guardian:

- Student Registration Form
- PHLOTE – Primary Home Language Other Than English Home Language Survey
- McKinney-Vento Eligibility Questionnaire
- Questionnaire for Kindergarten Parents

PLEASE NOTE: Arizona Department of Education states that the student MUST be enrolled with his/her legal name. All paperwork must show the student’s legal name; however, the student may request the teacher and others to call him/her by another name if they would like.

For office use only: (check off)

- Birth Certificate
- Immunization Records
- Proof of Residency
- Official withdrawal form
- Official report card
- Legal Documents (if app.)
- Copy of picture ID
- Signed Registration Form
- PHLOTE Form
- McKinney-Vento Eligibility (if app.)
- Student Health and Release Information Form
- Developmental History
- Copy of Parent Authorization for Release of Records before sending
- Special Education Parent Authorization for Release of Records (if app.)
- Student Screening Form
- File Complete
- File Incomplete – Missing Items List

________________________________________________________
________________________________________________________
________________________________________________________
STUDENT’S LEGAL NAME: ____________________________________________________________________________

LAST FIRST MIDDLE

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

☐ American Indian / Alaskan Native ☐ Native Hawaiian / Other Pacific Islander

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 ☐ N/A

Has child previously attended a school in Deer Valley District? ☐ Yes ☐ No

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? ☐ Yes ☐ 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 _______________
Primary Home Language Other Than English (PHLOTE)
Home Language Survey
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? __________________________________________________________

2. What is the language most often spoken by the student? _______________________

3. What is the language that the student first acquired? _________________________

Student Name ___________________________ Student ID __________________________
Date of Birth ____________________________ SAIS ID ____________________________
Parent/Guardian Signature ___________________________ Date ______________________
District or Charter ____________________________
School ____________________________

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.
In SAIS, please indicate the student’s home or primary language.
McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. The student lives with:
   ___ Parent(s)/legal guardian(s)
   ___ An adult who is not the parent/legal guardian
   ___ No adult; student is unaccompanied youth
   ___ Student is an adult living on his/her own

2. Check any that apply.

<table>
<thead>
<tr>
<th>SECTION A</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ In a shelter/group home</td>
</tr>
<tr>
<td>☐ Doubled up with relatives or friends due to loss of housing or economic</td>
</tr>
<tr>
<td>hardship</td>
</tr>
<tr>
<td>☐ Youth living with friends or family members (other than parent/guardian)</td>
</tr>
<tr>
<td>☐ Living temporarily in hotel/motel</td>
</tr>
<tr>
<td>☐ Living in car, campground, trailer etc. Notes</td>
</tr>
<tr>
<td>Notes______________________________________________</td>
</tr>
</tbody>
</table>

If you checked a box in Section A, complete this form and the Deer Valley Student Registration Packet.

<table>
<thead>
<tr>
<th>SECTION B</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Choices in Section A do not apply</td>
</tr>
</tbody>
</table>

If you checked this box, it is not necessary to complete this form. Continue with Deer Valley Student Registration Packet

Please Print:

Name of Student: __________________________________________________________________________

Birth Date: ______ / _____ / _____                  Age: _______         Grade in School _______.
  Month / Day / Year

School Most Recently Attended: ______________________________________________________________________

Name of Parent(s)/Legal Guardian: _____________________________________________________________

Temporary/Current Address: ___________________________________________ City: ______ ZIP: ______ Phone________

Signature of Parent/Legal Guardian: __________________________________ Date__________________

DVUSD Enrolling School: ______________________________________________________________________

Registrar: If an option in Section A is checked, please fax the completed form to Karen Srock, Deer Valley Unified School District Homeless Liaison, at 623-445-5084. The original form is kept at the registering campus for audit purposes.

February 2016
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
Kindergarten Parent Questionnaire
Please print clearly when completing information

Child’s Name_____________________________________ (As you want him/her called at school)

This questionnaire will be given to your child’s new teacher to help him or her become acquainted with your child and plan the first few weeks of kindergarten instruction. Your child is not required to master skills on the questionnaire to begin kindergarten. It is important to remember language, cognitive, social-emotional and motor development of younger children are complex and individual processes that do not occur at an incremental, uniform pace. Please answer each question as best you can and thank you for taking time to complete the questionnaire. Our kindergarten staff is committed to providing differentiated instruction to meet the needs of all students.

Age________(years) ________(months)      Birthday____________________     Male or female_____________

Parent: Mother/Father/ Guardian Name

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Home Phone Number</th>
<th>Cell Phone Number</th>
<th>Work Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Parent: Mother/Father/ Guardian Name

| e-mail address(es) | |
|-------------------| |

1. In the past year, has your child participated in (please check all that apply):
   ___ In-home day care (outside of your home)
   ___ Stay at home
   ___ Commercial daycare – Name of daycare_________________________
   ___ Preschool – Name of Preschool_______________________________
   ___ Other_____________________________________________________

2. What language does your child speak most of the time? ________________________________
   a. What other language does your child speak? ________________________________
   b. What other language does your child understand? ________________________________

3. Please list the names, ages, and grades (if in school) of your child’s brothers and sisters.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Grade Level</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Revised 8-26-15GG
<table>
<thead>
<tr>
<th>Large &amp; Small Motor Skills</th>
<th>Not yet</th>
<th>Emerging (can do with support)</th>
<th>Fully Mastered (always)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience using crayons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience using markers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knows and uses correct pencil grip</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cuts on the line with scissors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right or left handed (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demonstrates Emerging Independence</th>
<th>Not yet</th>
<th>Emerging (can do with support)</th>
<th>Fully Mastered (always)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can say first and last name when asked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knows birthdate (birthday)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knows address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knows his or her phone number when asked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can do 2-3 step commands/directions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emerging Mathematical Skills</th>
<th>Not yet</th>
<th>Emerging (can do with support)</th>
<th>Fully Mastered (always)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand that numbers represent quantity (e.g., can get three apples out of a bag)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe how items are the same or different</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Can identify colors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognizes numbers beyond 10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counts to _______________ (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emerging Literacy Skills</th>
<th>Not yet</th>
<th>Emerging (can do with support)</th>
<th>Fully Mastered (always)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Names the letters in his or her name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognizes and names all letters in the alphabet in random order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knows sounds for each letter (e.g., “b” says /buh?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognizes and names lowercase letters (a, b, c)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognizes and names uppercase letters (A, B, C)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can write his or her name without support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can write some words independently</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Likes to listen to stories</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>His or her favorite story is? (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication</th>
<th>Not yet</th>
<th>Emerging (can do with support)</th>
<th>Fully Mastered (always)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has experience with technology (e.g., computer, iPad, tablet, etc.)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Engages in conversation (e.g., can tell what he or she did over the weekend)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can express his or her needs and feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised 8-26-15GG
4. Does your child have any health problems, allergies, or may be color blind? If so, please explain. 
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

5. Does your child have difficulties with speech? If so, please explain. 
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

6. What would you say are your child’s strengths? 
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

7. What would you say are your child’s areas for improvement? 
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

8. What are your expectations for your child in kindergarten? What goals do you have for your child this year? 
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

7. What else would you like to tell me about your child?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

What is the best time to contact you? 
Mother/Guardian: Morning Afternoon Evening Anytime
Father/Guardian: Morning Afternoon Evening Anytime

What is the best time to meet with you? 
Mother/Guardian: Morning Afternoon Evening Anytime
Father/Guardian: Morning Afternoon Evening Anytime

Which are the two best ways to contact you? 
Mother/Guardian: ___e-mail ___cell phone ___home phone ___work phone ___note
Father/Guardian: ___e-mail ___cell phone ___home phone ___work phone ___note

Revised 8-26-15GG
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:
_____________________________________

#2306606
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**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Grade Level:</th>
<th>HR:</th>
<th>Documents required if address changed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>Birth Date:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Physical Address:</th>
<th></th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Primary Phone Number:</th>
<th>Current Record</th>
<th>Documents required if custody changed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Natural Parent/Guardian Information</th>
<th>Current Record</th>
<th>Documents required if custody changed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Parent/Legal Guardian**

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Current Record</th>
<th>Documents required if custody changed</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Cell/Text Alert:</th>
<th>Current Record</th>
<th>Documents required if custody changed</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Work Phone:</th>
<th>Current Record</th>
<th>Documents required if custody changed</th>
</tr>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Individual(s)</th>
<th>Current Record</th>
<th>Documents required if custody changed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**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.
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.
Date: __________________________
School Name: ____________________

Do you live within the boundaries of this school? __ YES    __ NO

How did you learn about the Deer Valley Kindergarten Program? (Check all that apply.)

___Flyer on Peachjar   ___Event (specify)________________________________________
___Banner in front of school ___Postcard mailed to my house
___Info from my child's Preschool

Newspaper/magazine/print advertisement:
___Arizona Parenting   ___Raising Arizona Kids   ___Foothills Focus
___Deer Valley Times   ___85085 Magazine   ___85086 Magazine
___Images Magazine   ___Other Magazine: __________________

Website/online advertisement:
___Facebook       ___Twitter            ___azfamily.com
___Text message from School ___E-mail blast ___greatschools.org
___District website: dvusd.org ___Google.com   ___raisingarizonakids.com
___Other website: __________________

Other:
___Sibling, relative or friend attends/attended a Deer Valley School
___My child attends a DVUSD Preschool/PreK Program
___I attended a Deer Valley school when I was a child
___I am a Deer Valley School District employee(s)
___Other: ______________________

What attracted you to our kindergarten Program? (Check all that apply.)

___Free full-day kindergarten program   ___Free half-day kindergarten program
___Located near my home   ___Sibling, relative, or friend attends a Deer Valley School
___Located near childcare   ___Located near my work
___Great Teachers/Admin/Staff   ___High ratings/reviews
___Mandarin Program   ___Early entry testing for student born after Sept. 1
___Word of mouth/good reputation   ___Gifted Program
___High test scores/school grades   ___Small class sizes
___STEM Program   ___Specials (Art/Music/PE everyday)
___Before & after school programs   ___Bus transportation provided
___Excellent tour of school
___Other: ______________________

THANK YOU FOR YOUR FEEDBACK AND WELCOME TO DVUSD KINDERGARTEN!