



DEER VALLEY

Unified School District

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

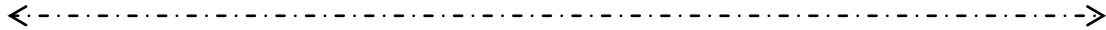
30 Days to Provide (if unavailable at the time of registration):

- 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)

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



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 LatinoRACE: (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 ☐ NoLEGAL CUSTODY (Check one only)

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

DIVORCED: ☐ Yes ☐ NoChild 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 _____



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 _____ 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 indicate the student's home or primary language. (Revised 01-2019)



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.

SECTION A

- ☐ In a foster/group home
- ☐ Doubled up with relatives or friends due to loss of housing or economic hardship
- ☐ Youth living with friends or family members (other than parent/guardian)
- ☐ Living temporarily in hotel/motel
- ☐ In a shelter
- ☐ Living in car, campground, trailer etc. Notes _____

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

SECTION B

- ☐ Choices in Section A do not apply

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 scan and email completed form to: tricia.brenden@dvusd.org, Deer Valley Unified School District Homeless Liaison. The original form is kept at the registering campus for audit purposes.



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

REVISED 5/21/2019

Student _____ School _____

School District or Charter Holder Deer Valley Unified School District

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**

REVISED 5/21/2019

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: Deer Valley Unified School District

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

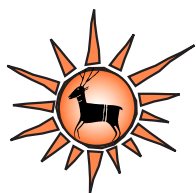
State of Arizona County of _____

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

By _____

Notary Public

My Commission Expires: _____



DEER VALLEY

Unified School District

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	Occupation	Home Phone Number	Cell Phone Number	Work Number
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 _____ (please specify)

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.

Name	Age	Grade Level

Large & Small Motor Skills	Not yet	Emerging (can do with support)	Fully Mastered (always)
Experience using crayons			
Experience using markers			
Knows and uses correct pencil grip			
Cuts on the line with scissors			
Right or left handed (Please specify)			

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

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

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

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

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



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	
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.

DEVELOPMENTAL HISTORY

Date _____

BACKGROUND INFORMATION:

Completed by _____

Student Name _____
 Birthdate _____ Telephone _____ Father : (work) _____ (home) _____
 Mother : (work) _____ (home) _____
 Address _____
 Father's Name _____ Age _____ Years of Education _____ Occupation _____
 Stepfather/Adoptive Father _____ Age _____ Years of Education _____ Occupation _____
 Mother's Name _____ Age _____ Years of Education _____ Occupation _____
 Stepmother/Adoptive Mother _____ Age _____ Years of Education _____ Occupation _____

List all children, stepchildren, or others living in the home:

Name	Relationship	Age	Name	Relationship	Age

MEDICAL HISTORY:

A. Prenatal/Birth History: During pregnancy, did the mother:

	Yes	No
Have health problems?		
Use any drugs or medications?		
Have any severe emotional problems?		
Incur accident or injury?		
Become exposed to communicable diseases?		

Comments: _____

B. Birth History:

Mother's age at birth _____ Length of labor _____
 {hrs.) Birth Weight _____ lbs. _____ oz. _____
 Length _____ Medication _____
 Apgar Scores _____ Place of birth _____

	Yes	No	Explanation
Was birth premature?			
Was the baby placed in an incubator?			
Was anesthetic used during delivery?			
Was baby given oxygen?			
Did the delivery require forceps?			
Was the child discolored?			
Other: Explain			

C. Infant development. The age your child began to:

	Years	Months
Sit alone		
Crawl		
Stand alone		
Walk alone		
Speak first word		
Become toilet trained		
Speak first sentence		

Comments: _____

D. Medical History: Has your child ever had:

	Yes	No	Explanation
Allergies			
Earaches or infection			
Asthma			
A prolonged fever			
A head injury			
Seizures			
Extended hospitalization			
Operations or surgery			
Convulsions			
Vomiting spells			
Sustained medication - Past			
Present:			
Other: Explain			

EDUCATIONAL HISTORY: Please list all schools your child has attended:

School	Grade	School	Grade

What is your child's most successful subject: _____
 What is your child's least successful subject: _____

	Yes	No		Yes	No
Has your child:			Had learning or behavior concerns at school		
Ever been retained (what grade _____)			Been afraid to go to school		
J Attended pre-school			Other		
Been tutored			If yes, please explain _____		
Had extended absences					

BEHAVIORAL HISTORY:

What do you enjoy most about your child?

What frustrates you the most about your child?

What goals do you have for your child?

Please indicate the frequency of each behavior : _____

Never Sometimes Often Very Often

Social

Very shy
Prefers to be alone
Teases others
Good sport
Fights with others
Cooperates
Shares toys, etc.
Prefers adults to children
Easily embarrassed
Avoids eye contact

Please use this space to include any additional information you feel is important.

Eating and Sleeping

Grinds teeth during sleep
Nightmares
Trouble falling asleep
Wets the bed
Good appetite
Eats too much

Emotional

Poor self-esteem
Bites nails
Sucks thumb
Frequent crying
Tantrums
Nervous blinking
Mood changes
Feeling easily hurt
Excessive worrying
Unable to express feelings

Behavior Problems

Lies
Steals
Sets fires
Doesn't seem to listen
Hyperactive
Uses drugs
Impulsive
Unable to complete tasks

Personality

Dependable
Good sense of humor
Organized
Independent
Poor memory
Truthful
Energetic
Wants to be perfect
Acts immature
Disobedient
Athletic
Easily frustrated



DEER VALLEY
Unified School District

Kindergarten Enrollment Survey

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.)

- | | |
|---|--|
| <input type="checkbox"/> Flyer on Peachjar | <input type="checkbox"/> Event (specify) _____ |
| <input type="checkbox"/> Banner in front of school | <input type="checkbox"/> Postcard mailed to my house |
| <input type="checkbox"/> Info from my child's Preschool | |

Newspaper/magazine/print advertisement:

- | | | |
|--|--|--|
| <input type="checkbox"/> Arizona Parenting | <input type="checkbox"/> Raising Arizona Kids | <input type="checkbox"/> Foothills Focus |
| <input type="checkbox"/> Deer Valley Times | <input type="checkbox"/> 85085 Magazine | <input type="checkbox"/> 85086 Magazine |
| <input type="checkbox"/> Images Magazine | <input type="checkbox"/> Other Magazine: _____ | |

Website/online advertisement:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Twitter | <input type="checkbox"/> azfamily.com |
| <input type="checkbox"/> Text message from School | <input type="checkbox"/> E-mail blast | <input type="checkbox"/> greatschools.org |
| <input type="checkbox"/> District website: dvusd.org | <input type="checkbox"/> Google.com | <input type="checkbox"/> raisingarizonakids.com |
| <input type="checkbox"/> 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.)

- | | |
|---|--|
| <input type="checkbox"/> Free full-day kindergarten program | <input type="checkbox"/> Free half-day kindergarten program |
| <input type="checkbox"/> Located near my home | <input type="checkbox"/> Sibling, relative, or friend attends a Deer Valley School |
| <input type="checkbox"/> Located near childcare | <input type="checkbox"/> Located near my work |
| <input type="checkbox"/> Great Teachers/Admin/Staff | <input type="checkbox"/> High ratings/reviews |
| <input type="checkbox"/> Mandarin Program | <input type="checkbox"/> Early entry testing for student born after Sept. 1 |
| <input type="checkbox"/> Word of mouth/good reputation | <input type="checkbox"/> Gifted Program |
| <input type="checkbox"/> High test scores/school grades | <input type="checkbox"/> Small class sizes |
| <input type="checkbox"/> STEM Program | <input type="checkbox"/> Specials (Art/Music/PE everyday) |
| <input type="checkbox"/> Before & after school programs | <input type="checkbox"/> Bus transportation provided |
| <input type="checkbox"/> Excellent tour of school | |
| <input type="checkbox"/> Other: _____ | |

THANK YOU FOR YOUR FEEDBACK AND WELCOME TO DVUSD KINDERGARTEN!



2020-2021

STUDENTS RIGHTS & RESPONSIBILITIES

ACKNOWLEDGMENT & VERIFICATION

STUDENT'S NAME: (PLEASE PRINT) _____

STUDENT I.D # _____

GRADE: _____

TEACHER'S NAME: _____

SCHOOL: _____

This Acknowledgment & Verification signature page is to be returned to each child's school by Friday, August 14, 2020.

The Deer Valley Unified School District is dedicated to contributing to a sustainable future for our planet through reducing consumption, reusing what we have and recycling what we can. This philosophy includes conserving natural resources. To support this, in lieu of printing a copy of the 2020-2021 Student Rights & Responsibilities Handbook for every student and staff member in our district, the 2020-2021 handbook will be available on our website, in both English and Spanish at www.dvusd.org. If you don't have access to the internet, please contact your child's school to request that a printed copy of this important handbook be sent home with your child.

By signing this form you are acknowledging and verifying that you have read and reviewed with your child/children the Student Rights & Responsibilities Handbook. As a parent in the Deer Valley Unified School District, you have the right to a quality education for your child/children. To make sure that every student enjoys that right, the District has established procedures regarding disruptive behavior. The procedures for student responsibility are designed to create an orderly environment that is safe for all students and staff. The rules are reasonable and fair and they are the same at each school. We ask that you read carefully the infractions and disciplinary actions for conduct with your child.

Parent/Guardian Name Printed

Parent/Guardian Signature

Date



Directory, Internet, and E-Mail User Agreement Grade Level K-8

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.

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

NOTICE TO K-8 PARENTS REGARDING COPPA COMPLIANCE INFORMATION:

Deer Valley Unified School District utilizes several computer software applications and web-based services operated by third parties. In order for our students to use these programs and services, certain basic information (generally student name, username, and email address) must be provided to the website operator. Under the federal *Children's Online Privacy Protection Act* (COPPA) law, these websites must notify parents and obtain parental consent before collecting information from children under 13 years of age. For more information on COPPA, please visit <http://www.ftc.gov/privacy/coppafaqs.shtm>.

The law permits schools, such as those in DVUSD, to consent to the collection of this information on behalf of all of its students, thereby eliminating the need for individual parental consent given directly to each website provider. When email addresses are utilized, it is important to note that students in grades K-8 can only email DVUSD staff members from their school accounts and cannot receive email from any outside email address. Outside individuals and companies will not be able to communicate with children in these grades.

Under the *Children's Online Privacy Protection Act* (COPPA), verifiable parental consent is required for students under the age of thirteen (13) if accounts containing this information are created for them on third party websites or online services. Limited information for your child consisting of first name, last name, birth date, username and email address may be provided to the online resource for the purpose of securing confidential credentials and access for the student. This information will remain confidential and will not be shared except for providing online programs solely for the benefit of students and the school system. Under no circumstances are third party websites authorized to use student information for commercial purposes.

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