



# 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

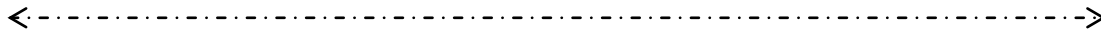
### 30 Days to Provide (if unavailable at the time of registration):

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



DEER VALLEY UNIFIED SCHOOL DISTRICT #97
STUDENT REGISTRATION FORM

STUDENT ID #
SAIS 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

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

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 \_\_\_\_\_ 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.

- 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
- Check any that apply.

### SECTION A

- In a shelter/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
- 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 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.**



Deer Valley Unified School District

SCREENING QUESTIONNAIRE FOR KINDERGARTEN PARENTS

Dear Parents,

Please take a few minutes to answer the questions below. This will help me to get to know you child better. Thank you!

Child Name \_\_\_\_\_ (as you want him/her called at school)

Age \_\_\_\_\_(years) \_\_\_\_\_(months) Birthday \_\_\_\_\_

Is your child \_\_\_\_\_ right handed \_\_\_\_\_ left handed

Has your child attended preschool? \_\_\_\_\_ How long did your child attend preschool? \_\_\_\_\_

Does this student currently have an IEP (individual Education Plan)? \_\_\_Yes \_\_\_No

Does this student currently have a 504 Accommodation Plan? \_\_\_Yes \_\_\_No

Does this student have any physical or mental impairment? \_\_\_Yes \_\_\_No

Please list the names and ages of all your child’s brothers and sisters:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Mother’s Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father’s Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Parent’s Cell Number \_\_\_\_\_

Does your child have health problems or allergies? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have difficulties with speech? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

---

---

Does your child take naps? \_\_\_ yes \_\_\_ no

What would you say are your child's strengths? \_\_\_\_\_

---

---

---

---

What would you say are your child's weaknesses? \_\_\_\_\_

---

---

---

---

What are your expectations for the kindergarten program? What specific things would you like to see happen this year? \_\_\_\_\_

---

---

---

---

Is there anything else that you would like to tell me about your child? \_\_\_\_\_

---

---

---

---

**What skills as your child acquired? (check where appropriate)**

\_\_\_ Knows address    \_\_\_ Knows phone number    \_\_\_ Knows Birthday    \_\_\_ Can say full name

\_\_\_ Can print full name    \_\_\_ Counts to \_\_\_    \_\_\_ Knows names of colors

\_\_\_ Recognizes capital letters    \_\_\_ Recognizes lower case letter

\_\_\_ Can recognize numbers to 10    \_\_\_ Recognizes letter sounds

\_\_\_ Likes to listen to stories    \_\_\_ Can tie shoes    \_\_\_ Can button own clothes

\_\_\_ Can zip own clothing    \_\_\_ Can tell time    \_\_\_ Has experience with crayons

\_\_\_ Has experience with scissors    \_\_\_ Knows the difference between left and right

**What is the best time to contact you?**

Mother:        morning        afternoon        evening        anytime

Father:        morning        afternoon        evening        anytime

**When is the best time to meet with you?**

Mother:        morning        afternoon        evening        anytime

Father:        morning        afternoon        evening        anytime



**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:  
\_\_\_\_\_



## 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
<b>Name:</b> Mailing Address:	<b>Grade Level:</b> <b>HR:</b>	<b>Documents required if address changed</b>
Birth Date:	Gender:	
Physical Address:		
Primary Phone Number:		
Primary Parent/Guardian Email Address:		

Legal Parent/Guardian Information	Current Record	Documents required if custody changed
<b>Parent/Legal Guardian</b>		
Home Phone		
Cell/Text Alert		
Work Phone		
<b>Parent/Legal Guardian</b>		
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.**