



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

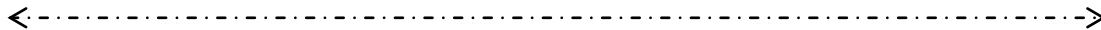
30 Days to Provide (if unavailable at the time of registration):

- 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"/> Immunization Records
<input type="checkbox"/> Proof of Residency
<input type="checkbox"/> Official withdrawal form
<input type="checkbox"/> Official report card
<input type="checkbox"/> Legal Documents (if app.)
<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 | <input type="checkbox"/> Copy of Parent Authorization for Release of Records before sending
<input type="checkbox"/> Special Education Parent Authorization for Release of Records (if app.)
<input type="checkbox"/> Student Screening Form

<input type="checkbox"/> File Complete
<input type="checkbox"/> File Incomplete – Missing Items List

_____ |
|--|--|



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: HOME PHONE:

DATE OF BIRTH: STATE /COUNTRY OF BIRTH:

STUDENT LIVES WITH: (check one) [] Natural Father [] Legal Guardian List "other" non-legal guardians on Student Health and Release information card

LEGAL NAME: CELL PHONE: WORK PHONE:

STUDENT LIVES WITH: (check one) [] Natural Mother [] Legal Guardian List "other" non-legal guardians on Student Health and Release information card

LEGAL NAME: CELL PHONE: WORK PHONE:

LEGAL CUSTODY (Check one only if divorced or separated - court decree must be on file in school):

[] Natural Father [] Natural Mother [] Legal Guardian

NATURAL FATHER LIVING: [] Yes [] No

NATURAL MOTHER LIVING: [] Yes [] No

NATURAL PARENTS DIVORCED: [] 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.

MEDICAL HISTORY OF STUDENT (include dates if known).

IS STUDENT ON MEDICATION? FOR WHAT CONDITION? WHAT MEDICATION?

Asthma: Tuberculosis or contact: Hearing problems:

Allergies: Heart condition: Wears glasses:

Chest conditions: Vision problems: Speech problems:

Convulsive disorders: Injuries: Diabetes:

Fractures: Scarlet fever: Valley fever:

Other:

SURGICAL HISTORY OF STUDENT (include dates if known).

Appendectomy: Hernia: Ear:

Tonsillectomy: Eye: Other:

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.



Deer Valley Unified School District

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
- Check any that apply.

SECTION A	SECTION B
<input type="checkbox"/> In a shelter/group home <input type="checkbox"/> Doubled up with relatives or friends due to loss of housing or economic hardship <input type="checkbox"/> Living in a motel, car or campsite <input type="checkbox"/> Youth living with friends or family members (other than parent/guardian) <i>If you checked a box in Section A, complete this form and the Deer Valley Student Registration Packet.</i>	<input type="checkbox"/> Choices in Section A do not apply <i>If you checked this box, it is not necessary to complete this form. Continue with Deer Valley Student Registration Packet.</i>

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: _____ School Administrator's Signature _____

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

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
Mailing Address:	Grade Level: HR:	
Birth Date:	Gender:	
Physical Address:		
Primary Phone Number:		
Primary Parent/Guardian Email Address:		

Legal Parent/Guardian Information	Current Record	Corrections
Legal Father/Guardian		
Work Phone		
Cell/Other Phone		
Legal Mother/Guardian		
Work Phone		
Cell/Other Phone		

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

Individual(s)	Current Record	Corrections
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:		

Health History	*List All Medications Administered to Student*
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List Allergies: _____

Other problems/restrictions: _____

List Medications: _____

Medical conditions (circle): ADD/ADHD / Asthma / Convulsions / Diabetic / Hearing / Vision
Explain: _____

Student lives with (circle): Mother / Father / Legal Guardian

OTHER CHILDREN & AGES IN FAMILY: _____

SCHOOLS DO NOT PROVIDE ANY MEDICATIONS. PARENTS MUST PROVIDE AND GIVE WRITTEN CONSENT FOR ANY MEDICATIONS ADMINISTERED AT SCHOOL, IN ACCORDANCE WITH DISTRICT POLICY. STUDENTS ARE NOT TO CARRY MEDICATIONS AT SCHOOL OR TO AND FROM SCHOOL. EXCEPTIONS FOR STUDENTS TO CARRY/ADMINISTER THEIR OWN MEDICATIONS MUST BE ARRANGED THROUGH THE SCHOOL NURSE IN ACCORDANCE WITH SCHOOL AND DISTRICT POLICIES AND PROCEDURES.

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.

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.

Signature required: _____ **Dated:** _____
The above signature acknowledged that I have read and consent to the above.