



School: _____

Washington Elementary School District #6

Student Information

FOR OFFICE USE ONLY
Student #
SAIS ID #
Teacher # /Name
Entry Date /Code

Legal Last Name: First Name: Middle:

Gender: M F Grade: PS KG 01 02 03 04 05 06 07 08

Date of Birth: Name Student Goes By:
Month / day / year (If different than legal name) (Last) (First)

Address: Apt# City: Zip Code:
(Mailing)

Address: Apt# City: Zip Code:
(Residential-if different than mailing address)

Phone: Listed Unlisted
(PPrimary contact number) - This number will be used for automated messages regarding attendance and school or district information.

State of Birth: Country of Birth: USA Other Entry Date to USA:

Ethnicity: Hispanic/Latino YES NO

Race: White Black or African American Asian American Indian or Alaskan Native Native Hawaiian or Pacific Islander
Select at least one race

Does your child claim any tribal affiliation? NO YES (if yes, please complete a 506 form) - Tribal Name:

Last School Attended: District: State:

Was last school attended: Public Parochial Private Charter School Home School

Has student ever attended a Washington School District School? NO YES School Year

Has student ever been expelled? NO YES Is student in the process of being expelled? NO YES

Has student ever received Special Education Services? NO YES If Yes, explain:

Has student ever received Gifted Services? NO YES If Yes, explain:

Has student ever received ELL or Bilingual services? NO YES If Yes, explain:

List names of all sisters and /or brothers of this student through grade 8

Table with 3 columns: Name, Grade, School. Rows 1, 2, 3.

Responses to these statements will be used to determine whether your child will be assessed for English Language Proficiency.

The primary language used in the home is: English Other Other language is

The language most often spoken by the student: English Other Other language is

The student's first acquired language: English Other Other language is

Complete other side of this form

Parent/Guardian Information

Mother's Information: Mrs. Ms. Email: _____

Last Name _____ First Name: _____ Mother's Maiden Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____ Ext. _____

Employer: _____

Father's Information: Email: _____

Last Name _____ First Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____ Ext. _____

Employer: _____

Legal Guardian/Other Information: Legal Guardian Step-Parent Other

Last Name Mr. Mrs. Ms. _____ First Name: _____

Relationship to student _____

Address: _____ City: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____ Ext. _____

Email: _____

Custody of Student: Joint Mother Father State Temporary Other
(Documentation Required)

Student lives with: Both Parents Mother Father Guardian
 Foster Temporary Other _____

FOR OFFICE USE ONLY

Custody Papers
 Foster Care
 Other _____
Exp. Date _____

List individuals other than Parent/Guardian who can pick up and temporarily care for your child without written permission or can be contacted in case of an emergency:

1. Name: _____ Relationship: _____ Phone # (____) _____

Cell Phone # (____) _____ Phone # (____) _____

2. Name: _____ Relationship: _____ Phone # (____) _____

Cell Phone # (____) _____ Phone # (____) _____

3. Name: _____ Relationship: _____ Phone # (____) _____

Cell Phone # (____) _____ Phone # (____) _____

Day Care Provider: Name _____ Phone # (____) _____

Parent/Guardian Signature _____ Date _____



Student Health Information

FOR OFFICE USE ONLY

Student # _____

Entry Date _____

Teacher #/Name _____

Legal Last Name: _____ First Name: _____ Middle: _____

Grade: _____ Date of Birth: ____/____/____
Month / day / year Last School Attended: _____

Is the student presently taking medication that you believe the school should be aware of? NO YES (Specify) _____

Will medication need to be administered at school? NO YES (If yes, see Health Office for procedures and forms.)

Does the student wear glasses? NO YES Does the student wear contact lenses? NO YES

Check conditions that apply to your child and explain below:

- | | |
|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Known hearing loss |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision/Eye problems |
| <input type="checkbox"/> Chronic headaches | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Convulsive disorders | <input type="checkbox"/> Kidney/Urinary tract condition |
| <input type="checkbox"/> Stomach/Digestive conditions | <input type="checkbox"/> Other, (specify) _____ |
| <input type="checkbox"/> Diabetes | |

Please explain conditions marked above: _____

Please list other medical/health conditions that might limit the student's activities at school.

In case of accident or illness, I request that the school contact me. If the school is unable to reach me, or any of the emergency contacts that I have provided, the school may make whatever arrangements are necessary.
The parent/guardian of the student, not the school, is responsible for expenses incurred.

Medical Insurance Company: _____ Policy # _____

Parent/Guardian Signature _____ Date _____

Washington Elementary School District #6
Proof of Residency

Student Name:

Parent/Guardian Names:

Address of Parent/Guardian:

Date:

School:

Grade:

In order to register your child/children in the Washington Elementary School District, you must provide documentation indicating your place of residence. Proof of Residence may be demonstrated with documentation such as:

1. Rental/lease agreement.
2. Purchase/escrow agreement or annual tax statement.
3. Copy of a utility bill noting current address.
4. Statement from owner/renter indicating:
 - Names of people who are living with the owner/renter.
 - Anticipated length of time of residence with owner/renter.

I swear/affirm that the above information is accurate.

Parent/Guardian Signature: _____

Please be advised: If it is reported that you do not live in the Washington School District and an investigation indicates non-residence, your child may be withdrawn from school.

To be completed by school personnel.

1. (Document showing Proof of Residence)

2. (Date of Occupancy)

3. (Current address if different from address shown above)

Employee Signature:

2010-2011 Arizona School Immunization Requirements

Parents:

1. Children must have proof of all required immunizations, or valid exemption, in order to attend the first day of school. Arizona law allows exemptions for medical reasons, laboratory evidence of immunity and personal beliefs. Exemption forms are available from schools and at www.azdhs.gov/phs/immun/idr_forms. Homeless students are allowed a 5-day grace period.
2. The record for each vaccine dose must include the date and name of doctor or clinic.
3. The statutes and rules governing school immunization requirements are:
Arizona Revised Statutes 15-871 - 874; Arizona Administrative Code, R9-6-701 - 708.
4. Check requirements for your child's age and grade level in the chart below.

Age →	Under age 7	7 - 10 years	11 years and older	11 years and older
Grade →	Kindergarten and above	Kindergarten-5 th grades	<u>6th, 7th, & 8th Grades Only</u>	9th-12th grades
Vaccine ↓				
DTaP/DTP/DT	4-5 doses At least 1 dose at 4 years of age or older is required. A 6th dose is needed if 5 doses have been given before 4 years of age.	History of 4 DTaP or a total of 3 tetanus & diphtheria doses given after 12 months of age.	1 Tdap dose is required when 5 years have passed since the last DTaP, DTP, DT or Td. Students starting or finishing the first 3 tetanus & diphtheria doses must receive only 1 Tdap as part of the 3-dose series.	Students who have not already received Tdap are required to receive 1 Tdap dose when 10 years have passed since the last DTaP, DTP, DT, or Td. Students starting or finishing the first 3 tetanus & diphtheria doses must receive only 1 Tdap as part of the 3-dose series.
Td				
Tdap				
Meningococcal			1 dose	1 dose recommended Not required in 2010-2011 school year.
Polio	3-4 doses 3 doses meet the requirement if the third dose was given at 4 years or older. 4 doses meet the requirement even if all 4 doses were given in the first year of life.			
MMR	2 doses A third dose will be required if the first dose was given before 12 months of age.			
Hepatitis B	3 doses A fourth dose will be required if the third dose was given before 24 weeks of age.			
Varicella	1 dose if given before 13 years of age 2 doses if first dose was given at 13 years of age or later Varicella vaccination, or history of chicken pox disease, is <u>required</u> for grades Kdg through 12 th .			