



(SCHOOL)

Student Information

| FOR OFFICE USE ONLY | | Date entered into Synergy: |
|---------------------------|---|----------------------------|
| Synergy Student ID# | | |
| Projected Entry Date/Code | / | |
| Actual Entry Date | | |

LEGAL

NAME: _____ / _____ / _____
 (LAST) (FIRST) (MIDDLE)

GENDER: F
 M

DATE OF BIRTH: _____ / _____ / _____ **STATE OF BIRTH:** _____
 (MONTH) (DAY) (YEAR)

GRADE PS KG 01 02 03 **COUNTRY OF BIRTH:** USA
 04 05 06 07 08 **BIRTH:** Other _____

ENTRY DATE TO USA: _____
 (IF COUNTRY OF BIRTH IS OTHER THAN USA)

(IF DIFFERENT THAN LEGAL NAME)

NAME STUDENT GOES BY: _____ / _____
 (LAST) (FIRST)

RACE – CHOOSE AT LEAST ONE

Black
 White
 Asian
 American Indian or Alaskan Native
 Native Hawaiian or Pacific Islander

ETHNICITY – SELECT A RESPONSE

Hispanic/Latino? NO YES

Does your family claim any American Indian tribal affiliation? NO YES
 (IF YES, PLEASE COMPLETE A 506 FORM)

FOR OFFICE USE ONLY – 506

Sent Home In Synergy
 No Number

Last School Attended: _____ **State:** _____ **Grade Level Attended:** _____
The last school attended was: Public Charter Indian Reservation School Private Parochial Home Schooled

Has the student ever attended any school in Arizona? NO YES

Has the student ever attended a Washington School District school? NO YES **School** _____ **Grade(s)** _____

| HAS THE STUDENT EVER: | FOR OFFICE USE ONLY - SPED |
|--|---|
| Received Special Education services? <input type="checkbox"/> NO <input type="checkbox"/> YES explain: _____ | <input type="checkbox"/> No Docs <input type="checkbox"/> Docs |
| Received Gifted services? <input type="checkbox"/> NO <input type="checkbox"/> YES explain: _____ | <input type="checkbox"/> Saved |
| Received ELL or Bilingual services? <input type="checkbox"/> NO <input type="checkbox"/> YES explain: _____ | <input type="checkbox"/> WESD SpEd Docs in Synergy |
| Been or in the process of being expelled or long-term suspended? <input type="checkbox"/> NO <input type="checkbox"/> YES explain: _____ | <input type="checkbox"/> Resource <input type="checkbox"/> Self-Contained |

LIST THE NAMES OF ALL BROTHERS AND SISTERS OF THIS STUDENT FROM PRESCHOOL THROUGH GRADE 8:

| Name | Grade | School | Lives with enrolling child |
|----------|-------|--------|--|
| 1. _____ | _____ | _____ | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| 2. _____ | _____ | _____ | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| 3. _____ | _____ | _____ | <input type="checkbox"/> NO <input type="checkbox"/> YES |

| Court Ordered Custody Information (Documentation Required) | FOR OFFICE USE ONLY |
|--|---|
| Custody of Student: <input type="checkbox"/> Joint <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> DCS | <input type="checkbox"/> No Docs <input type="checkbox"/> CSU Trifold Given |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Legal Docs (Court, Notice to Provider) |
| | <input type="checkbox"/> Unofficial Docs |
| | <input type="checkbox"/> N/A |

The District honors all current court orders or decrees pertaining to custody situations. **It is the responsibility of adults having custody of a student to submit to the school a current certified copy of the effective court order or decree.**

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT INFORMATION & ADDITIONAL EMERGENCY CONTACTS



PRIMARY ADDRESS - Address where the student(s) live(s) on most school days:

| | | | |
|--|-------|--------------|-----------|
| HOME ADDRESS: | APT#: | CITY: | ZIP CODE: |
| MAILING ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS) | | CITY / STATE | ZIP CODE |

MOTHER, FATHER, GUARDIAN – Email addresses and personal phone numbers will be used for automated messages regarding attendance and notifications from the school and/or district.

1)

| | | | |
|--|---|------------------------------|---|
| LAST NAME: | | FIRST NAME: | |
| GENDER: | BIRTHDATE: | RELATIONSHIP TO STUDENT: | LIVES WITH ENROLLING STUDENT: NO <input type="checkbox"/> YES <input type="checkbox"/> |
| CELL PHONE: | | EMAIL: | |
| ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS) | | CITY / STATE | ZIP CODE |
| WORK PHONE: | US MILITARY SERVICE (OPTIONAL): ACTIVE <input type="checkbox"/> RESERVE <input type="checkbox"/> | MILITARY SERVICE START DATE: | |
| FOR OFFICE USE ONLY | | | |

2)

| | | | |
|--|---|------------------------------|---|
| LAST NAME: | | FIRST NAME: | |
| GENDER: | BIRTHDATE: | RELATIONSHIP TO STUDENT: | LIVES WITH ENROLLING STUDENT: NO <input type="checkbox"/> YES <input type="checkbox"/> |
| CELL PHONE: | | EMAIL: | |
| ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS) | | CITY / STATE | ZIP CODE |
| WORK PHONE: | US MILITARY SERVICE (OPTIONAL): ACTIVE <input type="checkbox"/> RESERVE <input type="checkbox"/> | MILITARY SERVICE START DATE: | |
| FOR OFFICE USE ONLY | | | |

3)

| | | | |
|--|---|------------------------------|---|
| LAST NAME: | | FIRST NAME: | |
| GENDER: | BIRTHDATE: | RELATIONSHIP TO STUDENT: | LIVES WITH ENROLLING STUDENT: NO <input type="checkbox"/> YES <input type="checkbox"/> |
| CELL PHONE: | | EMAIL: | |
| ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS) | | CITY / STATE | ZIP CODE |
| WORK PHONE: | US MILITARY SERVICE (OPTIONAL): ACTIVE <input type="checkbox"/> RESERVE <input type="checkbox"/> | MILITARY SERVICE START DATE: | |
| FOR OFFICE USE ONLY | | | |

ADDITIONAL EMERGENCY CONTACTS – List those, other than the mother, father, or guardian, who can pick up and temporarily provide care for your children in case of emergency.

| | | |
|----|-------------|--------------------------|
| 1) | NAME: | RELATIONSHIP TO STUDENT: |
| | CELL PHONE: | WORK PHONE: LANDLINE: |
| 2) | NAME: | RELATIONSHIP TO STUDENT: |
| | CELL PHONE: | WORK PHONE: LANDLINE: |
| 3) | NAME: | RELATIONSHIP TO STUDENT: |
| | CELL PHONE: | WORK PHONE: LANDLINE: |

IF NEEDED, YOU MAY PROVIDE ADDITIONAL CONTACTS TO THE SCHOOL OFFICE.

DAYCARE PROVIDER - List the provider who can pick up your child after school.

| | |
|------------------------|-----------------|
| DAYCARE PROVIDER NAME: | PHONE: |
| ADDRESS: | CITY: ZIP CODE: |

| | |
|-----------|-------|
| SIGNATURE | DATE: |
|-----------|-------|



ARIZONA RESIDENCY DOCUMENTATION FORM

Including enrolling student(s), list all school age siblings living at the address on the proof of residency document:

Enrolling student: _____ District: W.E.S.D. #6

Student: _____ District: W.E.S.D. #6

Student: _____ District: W.E.S.D. #6

Student: _____ District: W.E.S.D. #6

Parent/Legal Guardian _____
PRINT NAME

As the Parent/Legal Guardian of the Student(s), 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(s) reside(s) (No P.O. Boxes)**:

- 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 (*most recent*)
- Valid Residential lease or rental agreement (including Section 8 agreement) (*signed by both landlord & tenant*)
- Water, electric, gas, cable, or phone bill (*most recent and using the service address*)
- Bank or credit card statement (*most recent*)
- W-2 wage statement (*most recent*)
- Payroll stub (*most recent*)
- Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe that contains an Arizona address.
- Documentation from state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security) – (*most recent*)
- Temporary on-base billeting facility (for military families)
- Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- 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 and/or my child(ren) have established residence in Arizona with the person signing the affidavit.

X

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.



McKinney-Vento Residency Survey

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11431 etseq. The McKinney-Vento Act protects students who are **lacking a fixed, regular, or adequate nighttime residence** to have access to education and other services for which they are eligible. Eligibility must be reviewed and reevaluated every school year.

| FOR OFFICE USE ONLY | |
|---------------------|-------|
| School: | _____ |
| Perm ID#: | _____ |
| State ID#: | _____ |
| Grade: | _____ |
| Start Date: | _____ |

Today's Date: _____

Student Name: _____ Gender: _____ DOB: _____

- Rent or own your own home
- Student lives in foster care or group home placement



*** Please do not continue completing this form if you checked one of the boxes above. If none of the boxes above are checked, please proceed to the next section.

1. Is the student and/or family housing situation a temporary living arrangement?
 Yes No
2. Is this housing situation due to loss of housing, economic hardship, or traumatic event?
 Yes No

CONTINUE ONLY IF YOU ANSWERED "YES" TO QUESTIONS 1 AND 2.

Caregiver My name: _____ My birthdate: _____

My relationship to student: _____ Phone Number(s): _____

Address/City & Zip: _____

Email: _____

Emergency Contact Name: _____

Phone Number(s): _____

Where is the student or family currently living?

Temporarily living with another family because we cannot afford or find affordable housing

Name and phone # of the person you are living with: _____

In a Homeless shelter / Domestic Violence shelter / Emergency or Transitional shelter

Program name and phone #: _____

At a hotel or motel

Hotel/Motel name and phone #: _____

In a place not designed for ordinary sleeping accommodations (car, park, campsite, etc.)

The student is living with someone other than the legal parent/guardian.

Name and phone # of the person the student is living with: _____

What is the expected length of stay at this address? _____

Do you have other children in Washington Elementary School District? Yes No

Please list name(s) and school(s): _____

What school did your child last attend? _____ In what district? _____

I declare that the information I have provided is true and correct and of my own knowledge.



SIGNATURE

DATE



Unique Populations Identification

| FOR OFFICE USE ONLY |
|---------------------|
| School |
| Synergy Student ID# |

| NAME AS IT APPEARS ON THE BIRTH VERIFICATION DOCUMENT | | |
|---|-----------------------|------------------|
| STUDENT NAME: | _____ / _____ / _____ | |
| | (LAST) | (FIRST) (MIDDLE) |

PARENT'S SPOKEN LANGUAGE _____
 (SPOKEN LANGUAGE BEST UNDERSTOOD BY THE PARENT)

1 YES NO Have you worked in agriculture-related jobs such as field work, fruit, or vegetable packing companies, dairies, or ranches in the last 3 years?

2 YES NO Have you recently moved with the family from another city, state, or country to work in the fields, packing companies, dairies, or ranches?

3 YES NO Have you left Phoenix with the family to go to work in the fields, packing companies, dairies, or ranches?

4 YES NO Is the student a refugee?

 (COUNTRY) (I-94 ALIEN NUMBER) (DATE ISSUED)

5 **Resettlement agency:**

 (NAME) (PHONE)

 (ADDRESS) (CITY, STATE, ZIP CODE)

6 **Resettlement case manager:**

 (NAME) (PHONE) (EXTENSION)

7 YES NO Was the child born outside of the United States? If yes, where? _____ (COUNTRY)
 If yes, when did the child enter the United States? _____ (ENTRY DATE TO THE USA)

8 YES NO If the child was born outside of the United States, are the parents in the United States Military?

9 If the child was born outside of the United States, list all schools attended for the past 3 years:

| School Year | Grade | School Name | City | State | Country |
|-------------|-------|-------------|------|-------|---------|
| | | | | | |
| | | | | | |
| | | | | | |

I attest that the above information is to my knowledge, true and correct.

Parent/Guardian Signature: _____ Date: _____

If any answers are Yes, send the form to Academic Services, and keep a copy of the form in the cumulative folder



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

| | |
|---------------------------------|--|
| Student Name _____ | District Student ID _____ |
| Date of Birth _____ | SSID _____ |
| Parent/Guardian Signature _____ | Date _____ |
| District or Charter _____ | Washington Elementary School District |
| School _____ | |

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



Authorization to Release Student Records

AUTORIZACIÓN PARA COMPARTIR ARCHIVOS ESTUDIANTILES

Last School Attended: _____ Additional School: _____
ÚLTIMA ESCUELA DE ASISTENCIA ESCUELA ADICIONAL

School Address: _____
DIRECCIÓN DE ESCUELA

School City, State, Zip Code: _____
CIUDAD, ESTADO, CÓDIGO POSTAL DE ESCUELA

School Phone: _____ Fax: _____ District Name: _____
NÚMERO TELEFÓNICO DE ESCUELA NOMBRE DE DISTRITO

Student Name: _____ Date of Birth: _____ Grade: _____
NOMBRE DEL ESTUDIANTE FECHA DE NACIMIENTO GRADO

Student Name: _____ Date of Birth: _____ Grade: _____
NOMBRE DEL ESTUDIANTE FECHA DE NACIMIENTO GRADO

Student Name: _____ Date of Birth: _____ Grade: _____
NOMBRE DEL ESTUDIANTE FECHA DE NACIMIENTO GRADO

In accordance with Arizona Revised Statute 15-828, I authorize the release of all records, including birth certificate, academic, educational, medical (health), psychological, special education, social development, and gifted information to the Washington Elementary School District. Según 'Arizona Revised Statute 15-828', yo autorizo el compartir de todos los archivos, incluyendo el acta de nacimiento, información académica, educacional, médica (salud), psicológica, de educación especial, de desarrollo social, y de estudiantes dotados al Distrito Escolar Washington.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
FIRMA DEL PADRE/TUTOR FECHA

Please send academic file to: PLEASE SEND COPIES ONLY

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Abraham Lincoln Traditional 10444 N 39th Ave Phoenix AZ 85051 602-896-6300 fax 602-896-6320 | <input type="checkbox"/> Desert View Elementary 8621 N 3rd Street Phoenix, AZ 85020 602-347-4000 fax 602-347-4020 | <input type="checkbox"/> Mountain Sky Junior High 16225 N 7th Avenue Phoenix, AZ 85023 602-896-6100 fax 602-896-6120 | <input type="checkbox"/> Sahuaro Elementary 12835 N 33rd Avenue Phoenix, Z 85029 602-896-6200 fax 602-896-6220 |
| <input type="checkbox"/> Acacia Elementary 3021 W Evans Drive Phoenix, AZ 85053 602-896-5000 fax 602-896-5020 | <input type="checkbox"/> Ironwood Elementary 14850 N 39th Avenue Phoenix, AZ 85053 602-896-5600 fax 602-896-5620 | <input type="checkbox"/> Mountain View 801 W. Peoria Avenue Phoenix, AZ 85029 602-347-4100 fax 602-347-4120 | <input type="checkbox"/> Shaw Butte Elementary 12202 N 21st Avenue Phoenix, AZ 85029 602-347-4200 fax 602-347-4220 |
| <input type="checkbox"/> Alta Vista Elementary 8710 N 31st Avenue Phoenix, AZ 85051 602-347-2000 fax 602-347-2020 | <input type="checkbox"/> John Jacobs Elementary 14421 N 23rd Avenue Phoenix, AZ 85023 602-896-5700 fax 602-896-5720 | <input type="checkbox"/> Ocotillo Elementary 3225 W Ocotillo Road Phoenix, AZ 85017 602-347-2400 fax 602-347-2420 | <input type="checkbox"/> Sunburst Elementary 14218 N 47th Avenue Glendale, AZ 85306 602-896-6400 fax 602-896-6420 |
| <input type="checkbox"/> Arroyo Elementary 4535 W Cholla Street Glendale, AZ 85304 602-896-5100 fax 602-896-5120 | <input type="checkbox"/> Lakeview Elementary 3040 W Yucca Street Phoenix, AZ 85029 602-896-5800 fax 602-896-5820 | <input type="checkbox"/> Orangewood 7337 N 19th Avenue Phoenix, AZ 85021 602-347-2900 fax 602-347-2920 | <input type="checkbox"/> Sunnyslope 245 E. Mountain View Road Phoenix, AZ 85020 602-347-4300 fax 602-347-4320 |
| <input type="checkbox"/> Cactus Wren Elementary 9650 N 39th Avenue Phoenix, AZ 85051 602-347-2100 fax 602-347-2120 | <input type="checkbox"/> Lookout Mountain Elementary 15 W Coral Gables Drive Phoenix, AZ 85023 602-896-5900 fax 602-896-5920 | <input type="checkbox"/> Palo Verde Middle School 7502 N 39th Avenue Phoenix, AZ 85051 602-347-2500 fax 602-347-2520 | <input type="checkbox"/> Sunset Elementary 4626 W. Mountain View Road Glendale, AZ 85302 602-347-3300 fax 602-347-3320 |
| <input type="checkbox"/> Chaparral Elementary 3808 W Joan De Arc Avenue Phoenix, AZ 85029 602-896-5300 fax 602-896-5320 | <input type="checkbox"/> Manzanita Elementary 8430 N 39th Avenue Phoenix, AZ 85051 602-347-2200 fax 602-347-2220 | <input type="checkbox"/> R.E. Miller Elementary 2021 W Alice Avenue Phoenix, AZ 85021 602-347-3000 fax 602-347-3020 | <input type="checkbox"/> Sweetwater 4602 W Sweetwater Avenue Glendale, AZ 85304 602-896-6500 fax 602-896-6520 |
| <input type="checkbox"/> Cholla Middle School 3120 W Cholla Street Phoenix, AZ 85029 602-896-5400 fax 602-896-5420 | <input type="checkbox"/> Maryland 6503 N 21st Avenue Phoenix, AZ 85015 602-347-2300 fax 602-347-2320 | <input type="checkbox"/> Roadrunner Elementary 7702 N 39th Avenue Phoenix, AZ 85051 602-347-3100 fax 602-347-3120 | <input type="checkbox"/> Tumbleweed Elementary 4001 W Laurel Lane Phoenix, AZ 85029 602-896-6600 fax 602-896-6620 |
| <input type="checkbox"/> Desert Foothills Junior High 3333 W Banff Lane Phoenix, AZ 85053 602-896-5500 fax 602-896-5520 | <input type="checkbox"/> Moon Mountain Elementary 13425 N 19th Avenue Phoenix, AZ 85029 602-896-6000 fax 602-896-6020 | <input type="checkbox"/> Royal Palm Middle School 8520 N 19th Avenue Phoenix, AZ 85021 602-347-3200 fax 602-347-3220 | <input type="checkbox"/> Washington Elementary 8033 N 27th Avenue Phoenix, AZ 85051 602-347-3400 fax 602-347-3420 |

Please send Psychological/Special Education file to:

Phone: 602-347-2604
FAX: 602-347-2709

Washington Elementary School District #6

Attn: Special Services Department
4650 W Sweetwater Avenue, Glendale, AZ 85304



New Student Health Information

| FOR OFFICE USE ONLY | |
|---|---|
| Student ID# _____ | |
| School: _____ | |
| <input type="checkbox"/> Compliant immunization record in Synergy | |
| <input type="checkbox"/> Awaiting McKinney Vento eligibility | <input type="checkbox"/> Non-compliant immunization(s) CANNOT START SCHOOL UNTIL COMPLIANT |
| <input type="checkbox"/> Qualifies for Fostering Connections | |

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

Does the student have medical insurance? NO YES Name of Insurance Company: _____

Is the student presently taking medication? NO YES *(Specify) _____

*If yes, 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

Does the student require a special diet due to a life-threatening food allergy? NO YES
 (If yes, see Health Office for procedures and forms.)

Does the student have a disability that requires a special diet? NO YES
 (If yes, see Health Office for procedures and forms.)

Does the student have problems with hearing? NO YES If yes, does student use hearing aids? NO YES

Check conditions that apply to your child and explain below:

- | | |
|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Nose or Throat conditions |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision/Eye condition |
| <input type="checkbox"/> Chronic headaches | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Seizure/Convulsive disorders | <input type="checkbox"/> Kidney/Urinary tract condition |
| <input type="checkbox"/> Stomach/Digestive condition | <input type="checkbox"/> Hearing/Ear condition |
| <input type="checkbox"/> Diabetes (Contact health office prior to the student starting) | <input type="checkbox"/> Other, (specify) _____ |

Please explain conditions marked above: _____

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

In case of an 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.
 Depending on the situation, the parent/guardian of the student, not the school, may be responsible for expenses incurred.

PARENT/GUARDIAN SIGNATURE _____ DATE _____