



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)



(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 ☐ 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.

NOTICE TO CUSTODIAL PARENT/GUARDIAN According to ARS§15-807, it is your responsibility to authorize any absence of your student(s) from school and to notify the school in advance or at the time of any absence. The custodial parent/guardian also must provide at least one telephone number, if available, at enrollment and promptly notify the school of any change in the telephone number.

| | | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------|
| 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.

FOR OFFICE USE ONLY

Forms/Arizona Residency – REVISION 08 NOVEMBER 2022

Awaiting McKinney-Vento eligibility ☐



The Educational Rights of Homeless Children and Youths

The LEA/Charter District shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applies to all services, programs, and activities provided or made available.

McKinney-Vento Definition of Homeless:

The term “homeless children and youth”— means individuals who lack a fixed, regular, and adequate nighttime residence [\[42 U.S.C. § 11434a\(2\)\]](#).

A student may be considered eligible for services as a “Homeless Child or Youth” under the McKinney-Vento Homeless Assistance Act if he or she is presently living in one of the following situations:

- sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason,
- living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations,
- living in emergency or transitional shelters; or are abandoned in hospitals,
- have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,
- living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- is a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in circumstances described above.

To remove educational barriers for children and youths experiencing homelessness, the McKinney-Vento Act mandates the following: **Immediate Enrollment:** Documentation and immunization records cannot serve as a barrier to the enrollment in school [42 U.S.C. §11432(g)(3)(C)].

School Selection and Maintained Enrollment: McKinney Vento eligible students have a right to select from the options outlined below. Students may remain enrolled in their selected schools for the duration of homelessness, and until the end of the academic year upon which they are permanently housed or enroll the child or youth in any public school that non-homeless students who live in the attendance area in which the child or youth is living are eligible to attend. [42 U.S.C. §11432(g)(3)(A), 42 U.S.C. §11432(g)(3)(B) and 42 U.S.C. §11432(g)(3)(I) (i)].

| School of Origin | School of Residency |
|---------------------------------------------------------|--------------------------------------------------------------------------|
| The school the student attended when permanently housed | The school in the attendance area in which the student currently resides |
| The school in which the student was last enrolled | |

Transportation Services: McKinney-Vento eligible students attending their School of Origin have a right to transportation to and from the School of Origin [42 U.S.C. §11432(g)(1)(J)(iii)].

Participation in Programs: McKinney-Vento eligible students are guaranteed the right to services comparable to services offered to other students in the school [42 U.S.C. §11432(g)(4) & (6)(iii)].

Unaccompanied Youth Experiencing Homelessness: McKinney-Vento eligible students are guaranteed the right to immediate enrollment without proof of guardianship [42 U.S.C. §1432(g)(1)(H)(iv)].

Access to Extracurricular Activities: Removal of barriers to accessing academic and extracurricular activities for homeless students who meet relevant eligibility criteria [42 U.S.C. §11432(g)(1)(F)(iii)].

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district [42 U.S.C. §11432(g)(3)(E)].

Appointment of a Local Homeless Liaison: The McKinney-Vento Act mandates the appointment of a local Homeless Liaison in every school district or local education agency (LEA) to ensure that homeless children and youth are enrolled in and have a full and equal opportunity to succeed in school [42 U.S.C. §11432(g)(1)(J)(ii) and U.S.C. §11432(g)(6)(A)].

For more information, refer to [Arizona Department of Education, Homeless Education, 42 USC CHAPTER 119, SUBCHAPTER VI, Part B: Education for Homeless Children and Youths, and the AZ State ESSA Plan](#). You may also contact:

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEA Homeless Liaison Washington Elementary School District 4650 West Sweetwater Ave Glendale, Az 85304 (602)347-2643 mckinneyvento@wesdschools.org  | State Homeless Education Program Coordinator Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ 85007 (602) 542-4963 Homeless@azed.gov  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



Arizona Student Residency Questionnaire

FOR OFFICE USE ONLY

Student #

School:

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.

Section A

Today's date: _____

Name of individual completing this form: _____

Your telephone number: _____ Your email address: _____

Student name: _____

Last school attended: _____ Current grade: _____ Birth date: _____

Do you have additional children attending school in our district? Yes ☐ No ☐

Do you have children of the preschool age? Yes ☐ No ☐

Please provide information about additional children attending school in our district or of preschool age.

| Last Name | First Name | Grade | School | District |
|-----------|------------|-------|--------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Address of where the student slept last night: _____

Is this address based on a temporary living arrangement due to the loss of housing? Yes ☐ No ☐

(Examples: sharing the housing with others due to economic hardship or similar reason; hotel/motel; shelter; transitional housing; car; park; campsite; and inadequate housing, including no running water, electricity, or adequate space)

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.

Section B

Name of the parent/guardian/adult caring for the student: _____

Relationship to the student: _____

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes ☐ No ☐

Please place an "X" in each box that best describes where the student sleeps at night.

- ☐ In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
☐ Staying with a friend or relative because of loss of housing, economic hardship, or similar reason

(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

What date did you begin staying here? _____

- ☐ In a shelter/transitional housing program (name of agency): _____

What date did you begin staying here? _____

- ☐ In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)

Provide the main cross streets of this unsheltered location: _____

- ☐ In a hotel/motel (name of hotel/motel & address) _____

What date did you begin staying here? _____

- ☐ With an adult that is not a parent or court appointed legal guardian
☐ Alone, not in the care of a parent or court appointed legal guardian
☐ None of the above (Please explain): _____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

Signature of Person Providing Information
Parent/Legal guardian/Caregiver/Student

Date

For School Use Only

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: _____

For McKinney Vento Use Only

Please check the housing types that apply:

Sheltered ☐ Doubled-up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel ☐

Unaccompanied youth: Yes ☐ No ☐ Transportation to school of origin needed: Yes ☐ No ☐

Date received
by Homeless
Liaison



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 | <input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> YES <input type="checkbox"/> NO | Have you left Phoenix with the family to go to work in the fields, packing companies, dairies, or ranches? |

| | | |
|---|----------------------------------------------------------|-----------------------------------|
| 4 | <input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> YES <input type="checkbox"/> NO | If the child was <u>born outside</u> 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



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

REVISED 05 MARCH 2018



New Student Health Information

FOR OFFICE USE ONLY

Student ID# _____

School: _____

☐ Compliant immunization record in Synergy

☐ Awaiting McKinney Vento eligibility

☐ Qualifies for Foster Connections

☐ Non-compliant immunization(s)
CANNOT START SCHOOL UNTIL COMPLIANT

Legal Last Name: _____

First Name: _____ Middle Name: _____ Grade: _____

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 _____