



## LITCHFIELD ELEMENTARY SCHOOL DISTRICT

272 East Sagebrush Street • Litchfield Park, Arizona 85340 • 623.535.6000 • Fax 623.935.1448 • [www.lesd.k12.az.us](http://www.lesd.k12.az.us)

*"A Stronger Mind for a Stronger Future"*

### REGISTRATION REQUIREMENTS

[ ] Barbara B. Robey [ ] Belen Soto [ ] Corte Sierra [ ] Dreaming Summit [ ] Litchfield [ ] L. Thomas Heck  
[ ] Mabel Padgett [ ] Palm Valley [ ] Rancho Santa Fe [ ] Scott Libby [ ] Verrado Elementary [ ] Verrado Heritage  
[ ] Verrado Middle [ ] Western Sky [ ] Wigwam Creek [ ] White Tank

District guidelines for proof of residency have been established and will be adhered to for all students.

***All documentation for residency must be renewed each year prior to the beginning of school***

<b>1) Proof of Residency for each student consists of the following:</b> <ul style="list-style-type: none"><li>Current SRP/APS Electric or Southwest Gas bill displaying parent name and home address.<sup>1</sup></li></ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"><li>Purchase Agreement or Rental/Lease agreement or Base housing form letter H013 (Rental/Lease agreements are only temporary for 30 days upon move in).</li></ul> <p><b>Please note</b> – You must have purchase/lease agreement OR gas/electric bill prior to enrolling your student.</p>
<b>2) Driver's License</b> <ul style="list-style-type: none"><li>Displaying current address</li></ul>
<b>3) Notarized Form</b> <ul style="list-style-type: none"><li>This must accompany one of the above when the child being enrolled and his family live with another family in the district. Both the parent registering the student and the person they are living with <b><u>must be present.</u></b></li></ul> <p><b>Please note</b> – The person presenting the notarized letter must have the letter notarized before presenting it to the school. This must be renewed annually.</p>
<b>4) Legal Guardianship</b> <ul style="list-style-type: none"><li>This documentation is required when only the child is living at a district address, while parents reside outside the district. The assigned legal guardian must register the child. We do not accept Power of Attorney for guardianship.</li></ul>
<b>5) Immunization Record</b> <ul style="list-style-type: none"><li>Up to date record<sup>2</sup></li></ul>
<b>6) Birth Certificate</b> <ul style="list-style-type: none"><li>Must be an original <u>certified</u> birth certificate from the vital statistics of the state they were born in, not a hospital certificate<sup>1</sup></li><li>Kindergarten and 1<sup>st</sup> grade must have original birth certificate at the time of registration.</li></ul>
<b>7) Legal/Custody Paper</b> <ul style="list-style-type: none"><li>Pertains to students not residing with <b>both</b> natural parents, we require a divorce decree, legal guardianship, adoption papers or court appointed custody assignment for foster care.</li></ul>
<b>8) Withdrawal Form from previous school</b> <ul style="list-style-type: none"><li>Paperwork must accompany the child when transferring during the school year (only required when transferring from an Arizona school).</li></ul> <p><b>Please note</b> – You must have the withdrawal form prior to enrolling your student.</p>
<b>9) Report Card</b> <ul style="list-style-type: none"><li>May be required for student placement.</li></ul>

<sup>1</sup>You have 30 days to supply Litchfield School District with a copy of the birth certificate (ARS 15-828) and your current gas/electric bill.

<sup>2</sup>We cannot enroll your child in school until we have proof of current immunization (ARS 15-872).

*Your child will start school the following day, if registration process is completed prior to 10:00am. We cannot keep registration packets that are not completed.*



**Litchfield Elementary School District #79  
2020-2021 School Year Calendar**

**OPEN HOUSE SCHEDULE**

Monday, August 3 and Tuesday August 4, 2020  
Virtual Open House

July-20						
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	☼	☼	●	●	●	

August-20						
						1
2	●	●	🔔	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September-20						
		1	2	3	4	5
6	☺	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October-20						
			1	☼		3
4	☺	☺	☺	☺	☺	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November-20						
1	2	3	4	5	☼	7
8	9	10	☺	12	13	14
15	16	17	18	19	20	21
22	23	24	☺	☺	☺	28
29	30					

December-20						
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	☺	☺	☺	☺	☺	26
27	☺	☺	☺	☺		

January-21						
				☺		2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	☺	19	20	21	22	23
24	25	26	27	28	29	30

February-21						
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	☺	16	17	18	19	20
21	22	23	24	25	26	27
28						

March-21						
	1	2	3	4	☼	6
7	☺	☺	☺	☺	☺	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April-21						
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May-21						
						1
2	3	4	5	6	☼	8
9	10	11	12	13	14	15
16	17	18	19	★	☼	22
23	24	25	26	27	28	29
30	31					

June-21						
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

**CLASSES ARE IN SESSION ON BOLD DATES**

**Significant Dates**

🔔	<b>Aug. 5</b>	<b>First Day of Class - All Students</b>	☺	Jan. 18	Martin Luther King Jr. Day
☺	Sept. 7	Labor Day	☺	Feb. 15	Presidents' Day
☺	Oct. 5-9	Fall Break	☺	March 8-12	Spring Break
☺	Nov. 11	Veterans' Day	★	May 20	8th Grade Promotion
☺	Nov. 25-27	Thanksgiving	☼	<b>May 21</b>	<b>Last Day of School</b>
☺	Dec. 21-Jan 1	Winter Break			

**STATE TESTING DATES: TBD**

**☼ Quarters**

August 5 - October 2	42 Days
October 12 - December 18	46 Days
January 4 - March 5	42 Days
March 15 - May 21	50 Days

**☼ New Teacher Orientation Days**

July 27-28

**● All Teacher Orientation Days**

July 29-31, Aug 3-4

**☼ Teacher In-Service - No School for Students**

February 12

**☼ Half-Day Teacher In-Service Days/Early Dismissal:** 8/14, 9/18, 10/23, 11/6, 12/11, 2/26, 3/26, 4/16, 5/7

**☼ Half-Day Parent/Teacher Conferences/Early Dismissal:** 12/16, 12/17, 12/18, 1/29

**Early Dismissal Release Times:** BRE, LES, MPE, PVE, RSF, VES - 12:25pm; CSE & DSE - 1:00pm; SLE - 1:05pm; BSES & VHES - 1:15pm; LTHMS, WSMS & WCMS - 1:50pm; WTLC - 12:25pm (K-5) & 1:05pm (6-8); VMS - 2:00pm

**☼ Last Day of School (5/21/21):** BRE, LES, MPE, PVE, RSF, VES - 10:55am; CSE & DSE - 11:30am; SLE - 11:35am; BSES & VHES - 11:45am; LTHMS, WSMS & WCMS - 12:20pm; WTLC - 10:55am (K-5) & 11:35am (6-8); VMS - 12:30pm

**STUDENT INSTRUCTIONAL DAYS - 180**

**TEACHER SERVICE DAYS - 186**

**Litchfield Elementary School District #79  
2020-2021 School Year Calendar**

**SPECIAL DAYS**

1.	New Teacher Orientation Days	Monday thru Tuesday, July 27-28
2.	All Teacher Orientation Days	Wednesday thru Friday, July 29-31 and Monday thru Tuesday, August 3-4
3.	<b>Open House - Virtual</b>	Monday, August 3 and Tuesday, August 4
4.	First Day for Students (Distance Learning)	Wednesday, August 5
5.	Teacher In-Service Day, <b>Early Dismissal **</b>	Friday, August 14
6.	Labor Day, <b>School Closed</b>	Monday, September 7
7.	Teacher In-Service Day, <b>Early Dismissal **</b>	Friday, September 18
8.	40th Day	Wednesday, September 30
9.	Fall Break, <b>School Closed</b>	<b>One Week</b> , October 5-9
10.	Teacher In-Service Day, <b>Early Dismissal **</b>	Friday, October 23
11.	Teacher In-Service Day, <b>Early Dismissal **</b>	Friday, November 6
12.	Veterans' Day, <b>School Closed</b>	Wednesday, November 11
13.	Thanksgiving, <b>School Closed</b>	Wednesday thru Friday, November 25-27
14.	Teacher In-Service Day, <b>Early Dismissal **</b>	Friday, December 11
15.	Parent/Teacher Conferences, <b>Early Dismissal **</b>	Wednesday thru Friday, Dec 16-18
16.	Winter Break, <b>School Closed</b>	<b>Two Weeks</b> , December 21-January 1
17.	MLK Jr. Day, <b>School Closed</b>	Monday, January 18
18.	100th Day	Wednesday, January 20
19.	Parent/Teacher Conferences, <b>Early Dismissal **</b>	Friday, January 29
20.	Teacher In-Service Day, <b>School Closed</b>	Friday, February 12
21.	Presidents' Day, <b>School Closed</b>	Monday, February 15
22.	Teacher In-Service Day, <b>Early Dismissal **</b>	Friday, February 26
23.	Spring Break, <b>School Closed</b>	<b>One Week</b> , March 8-12
24.	Teacher In-Service Day, <b>Early Dismissal **</b>	Friday, March 26
25.	Teacher In-Service Day, <b>Early Dismissal **</b>	Friday, April 16
26.	Teacher In-Service Day, <b>Early Dismissal **</b>	Friday, May 7
27.	8th Grade Promotion Ceremonies - BSES, LTHMS, VMS, VHES, WSMS, WCMS	Thursday, May 20
28.	Last Day of School, <b>Early Dismissal ***</b>	Friday, May 21
29.	Total Days in Session	Students - 180 days, Teachers - 186 days

**Early Dismissal Release Times:**

**\*\*Half-Day Teacher In-Service Days and Parent/Teacher Conferences:** BRE, LES, MPE, PVE, RSF, VES - 12:25pm; CSE & DSE - 1:00pm; SLE - 1:05pm; BSES & VHES - 1:15pm; LTHMS, WSMS & WCMS - 1:50pm; WTLC - 12:25pm (K-5) & 1:05pm (6-8); VMS - 2:00pm

**\*\*\*Last Day of School (5/21/21):** BRE, LES, MPE, PVE, RSF, VES - 10:55am; CSE & DSE - 11:30am; SLE - 11:35am; BSES & VHES - 11:45am; LTHMS, WSMS & WCMS - 12:20pm; WTLC - 10:55am (K-5) & 11:35am (6-8); VMS - 12:30pm

# LITCHFIELD ELEMENTARY SCHOOL DISTRICT #79

## Student Registration Form 2020/2021

<b>FOR OFFICE USE ONLY</b>	Date entered in SMS _____	Date withdrawn from SMS _____
School Year _____	First Day of Attendance _____	Entry Code _____ Grade _____
Student ID Number _____	EdFi Number _____	Area of Residency _____
Birth Record Yes [ ] No [ ]	Immunization Record Yes [ ] No [ ]	Proof of Residency Yes [ ] No [ ]

☐ Barbara B. Robey   ☐ Belen Soto   ☐ Corte Sierra   ☐ Dreaming Summit   ☐ Litchfield   ☐ L. Thomas Heck   ☐ Mabel Padgett  
☐ Palm Valley   ☐ Rancho Santa Fe   ☐ Scott Libby   ☐ Verrado Elementary   ☐ Verrado Heritage   ☐ Verrado Middle   ☐ Western Sky  
☐ White Tank Learning Center   ☐ Wigwam Creek

### STUDENT INFORMATION

Has child ever attended Litchfield School District? Yes [ ] No [ ]

Child's Name as it appears on Birth Certificate \_\_\_\_\_

First

Middle

Last

Ethnicity of Child: Check One   ☐ Hispanic/Latino   ☐ Non-Hispanic   Gender   M [ ]   F [ ]

Race of Child: ☐ White   ☐ Black   ☐ Asian   ☐ American Indian/Alaskan Native   ☐ Pacific Islander/Native Hawaiian

Tribal Name \_\_\_\_\_ Name child goes by \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Primary Phone# \_\_\_\_\_ Unlisted [ ]

Mailing Address (PO Box only) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_

**Kindergarten Age Requirement: The child must be 5 years old prior to September 1<sup>st</sup>.**

**1<sup>st</sup> Grade Age Requirement: The child must be 6 years old prior to September 1<sup>st</sup>.**

Name of legal guardian if other than parents? \_\_\_\_\_ Relationship to child \_\_\_\_\_

Legal Documentation on File: Yes [ ] No [ ]   Is student a foster child: Yes [ ] No [ ]

**BIRTH INFORMATION**   Place of Birth: City & State \_\_\_\_\_ Country of Birth\* \_\_\_\_\_

\*If not USA-How long have you lived in the USA? \_\_\_\_\_

\*Did you leave your home country because of religious/political persecution? Yes [ ] No [ ]

Does a family member work in the agriculture/farming industry? Yes [ ] No [ ]

### SIBLING INFORMATION

Number of Sisters \_\_\_\_\_ Number of Brothers \_\_\_\_\_

Name	Age(2-14)	School (Please complete for all children age 2-14)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### PREVIOUS SCHOOL INFORMATION

Is child in any of the following programs?

**Special Education:** Yes [ ] No [ ]

**Qualified Gifted:** Yes [ ] No [ ]

**Speech:** Yes [ ] No [ ]

**ELL:** Yes [ ] No [ ]

Name of School Child Last Attended \_\_\_\_\_ Grade \_\_\_\_\_

How many years at this school? \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# Student Registration Form 2020/2021

Child lives with:    ☐ Mother            ☐ Father            ☐ Step Mother    ☐ Step Father  
                                 ☐ Foster Mother    ☐ Foster Father    ☐ Guardian       ☐ Other:

Mother/Guardian's Name \_\_\_\_\_ Military [ ] Active or Reserve  
First Last circle one

Mother/Guardian's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Mother/Guardian's Place of Employment \_\_\_\_\_

Mother/Guardian's Work Phone #                      Ext                      Cell Phone #

Father/Guardian's Name \_\_\_\_\_ Military ☐ Active or Reserve  
First Last circle one

Father/Guardian's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Father/Guardian's Place of Employment \_\_\_\_\_

Father/Guardian's Work Phone #                      Ext                      Cell Phone #

Contacts other than the parent/guardian will be considered to have your authorization to take your child from school and/or have lunch, visit classroom, or any other non-volunteer activity on campus without any additional authorization or contact from you. **Contacts must be 18 years or older.**

Signature \_\_\_\_\_

Name of Contact #1	Relationship to Child	Telephone #
--------------------	-----------------------	-------------

Name of Contact #2	Relationship to Child	Telephone #
--------------------	-----------------------	-------------

Name of Contact #3	Relationship to Child	Telephone #
--------------------	-----------------------	-------------

Name of Contact #4	Relationship to Child	Telephone #
--------------------	-----------------------	-------------

Please Initial\_\_\_\_ In the event my child forgets to return a permission slip to go on a field trip I may be reached at the following phone number, \_\_\_\_\_, to verify that permission is granted.

Please Initial\_\_\_\_\_Permission for my child's picture to appear in school related press releases, such as use in district/school print and electronic publications, including district/school web sites, or for use by local/regional print, broadcast or online news media. Yes [ ☐ ] No [ ☐ ]\*

\*If No, are yearbook photos allowed? Yes ☐ No ☐

*As the Parent/Guardian of the Student, I attest that I am a resident of the State of Arizona. By signing this document I am stating the information supplied is true and accurate.*

Parent/Guardian Signature \_\_\_\_\_ Relationship to child \_\_\_\_\_ Date \_\_\_\_\_



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### Retention and Promotion of Students

Student Name: \_\_\_\_\_

We will honor a prior school recommendation for retention/promotion. We do not retain students for personal parental reasons.

- If we receive prior school records that indicate your student was retained we will retain your student to the prior grade level.
- If we receive prior school records that indicate your student was promoted we will promote your student to next grade level.

Has your child been retained? ☐ Yes ☐ No

Has your child been promoted above their age appropriate grade level? ☐ Yes ☐ No

If yes to either question, please complete the remainder of this form.

Previous School: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Grade for retention/promotion: \_\_\_\_\_

Reason for retention/promotion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_



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### Student Residency Questionnaire

[ ] Barbara B. Robey [ ] Belen Soto [ ] Corte Sierra [ ] Dreaming Summit [ ] Litchfield [ ] L. Thomas Heck [ ] Mabel Padgett  
[ ] Palm Valley [ ] Rancho Santa Fe [ ] Scott Libby [ ] Verrado Elementary [ ] Verrado Heritage  
[ ] Verrado Middle [ ] Western Sky [ ] White Tank Learning Center [ ] Wigwam Creek

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? ☐ Yes ☐ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No
3. Is this temporary living arrangement due to Foster Care or Group Home placement? ☐ Yes ☐ No

**If you answered YES to question 1, 2 or 3 please complete the remainder of this form.**  
**If you answered NO to question 1, 2 and 3 you may stop here.**

---

Where is the student presently living? (Check one box)

- ☐ In a motel
- ☐ In a shelter
- ☐ With more than one family in a house or apartment
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations such as car, park, or campsite.

Student's Name: \_\_\_\_\_  
First Middle Last

☐ Male ☐ Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Month/day/Year)

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Presenting false record or falsifying records and/or living arrangements will violate Federal Law.*



## 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 \_\_\_\_\_

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)





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### STUDENT HEALTH HISTORY FORM

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Homeroom Teacher (if applicable): \_\_\_\_\_

STUDENT HEALTH HISTORY					
Please indicate below if your child had any to the following. If yes, please indicate the child's age at the time.					
	Age		Age		Age
<input type="checkbox"/> Arthritis		<input type="checkbox"/> Eczema		<input type="checkbox"/> Scoliosis/Curvature of the Spine	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy/Seizures		<input type="checkbox"/> Stomach Problems	
<input type="checkbox"/> Bronchitis/Pneumonia		<input type="checkbox"/> Heart Concerns		<input type="checkbox"/> Strep/Tonsillitis	
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Hepatitis		<input type="checkbox"/> Tuberculosis	
<input type="checkbox"/> Cystic Fibrosis		<input type="checkbox"/> Kidney Disease		<input type="checkbox"/> Urinary Tract Infections	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Migraines		<input type="checkbox"/> Valley Fever	
<input type="checkbox"/> Mumps		<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> ADHD	
<input type="checkbox"/> History of Surgeries		<input type="checkbox"/> Anxiety		<input type="checkbox"/> Other	
<input type="checkbox"/> Scarlet Fever		<input type="checkbox"/> Mononucleosis		<input type="checkbox"/> Croup	
<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Pneumonia		<input type="checkbox"/> Concussion	
<input type="checkbox"/> Mobility Issues					

Please respond "Yes" or "No" to the following questions:

<input type="checkbox"/> Y <input type="checkbox"/> N	Is the student receiving treatment for any physical problems?	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the child wear glasses/contacts?
<input type="checkbox"/> Y <input type="checkbox"/> N	Has the child ever had an accident or injury requiring hospitalization or surgery?	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the child have any other vision difficulties?
<input type="checkbox"/> Y <input type="checkbox"/> N	Has the child ever broken any bones?	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the child have any hearing loss?
<input type="checkbox"/> Y <input type="checkbox"/> N	Are there any significant behaviors that may affect this child's performance in school or that may be of concern?	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the child wear a hearing aid?

FAMILY HEALTH HISTORY			
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Hemophilia	<input type="checkbox"/>
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Anemia	<input type="checkbox"/>
<input type="checkbox"/> Birth defects	<input type="checkbox"/> Cancer	<input type="checkbox"/> Other	<input type="checkbox"/>

Please explain any  
"Yes" answers

--

OTHER INFORMATION
Hearing and vision screening will be administered as required by state guidelines.
<b>PLEASE NOTE:</b> <i>In the event of serious illness or injury, your child will be taken to the hospital by ambulance if necessary. Emergency treatment will be provided until parent and/or legal guardian can be contacted. Expenses for emergency transportation and/or treatment is the responsibility of the parent and/or legal guardian.</i>
Please Print Parent/Guardian Legal Name: _____
Parent/Guardian Signature: _____ Date _____



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### MEDICATION GUIDELINES

<input type="checkbox"/> Barbara B. Robey	<input type="checkbox"/> Litchfield	<input type="checkbox"/> Scott L. Libby	<input type="checkbox"/> Western Sky
<input type="checkbox"/> Belen Soto	<input type="checkbox"/> Corte Sierra	<input type="checkbox"/> Mabel Padgett	<input type="checkbox"/> Verrado ES
<input type="checkbox"/> White Tank LC	<input type="checkbox"/> Dreaming Summit	<input type="checkbox"/> Palm Valley	<input type="checkbox"/> Verrado Heritage
<input type="checkbox"/> Wigwam Creek	<input type="checkbox"/> L. Thomas Heck	<input type="checkbox"/> Rancho Santa Fe	<input type="checkbox"/> Verrado MS

**Child:** \_\_\_\_\_ **Homeroom Teacher (If applicable):** \_\_\_\_\_

Dear Parent/Guardian:

It is the belief of the Governing Board that medication should be administered at home. However, under certain conditions, it is in the best educational and health interests of the child to take prescribed medications during the school day. Bring your child's medication to the health center. Do not send medication to school with your child.

We are asking for your cooperation regarding giving medication in the schools. Because of the responsibility placed upon the staff for giving the correct medications, we ask that you comply with the following guidelines:

- 1) Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage, and time to be given. (See Request for Giving Medication at School form)
- 2) Any changes to prescription medications must be reflected on a new prescription bottle and with most current labeling. (See Request for Giving Medication at School form)
- 3) Parent or Guardian must sign the Request for Giving Medication at School form.
- 4) The student is responsible for coming to the Health Center or to the designated person to take medications.
- 5) Nonprescription medications must be in original packaging and can be administered to students who have written permission from a parent or guardian in accordance with the directions on original packaging. Physician's orders must be obtained if parent/guardian requests to administer the medication beyond the labeled directions.
- 6) Students may not carry or administer their own medication except with written permission. (See Special Request to Carry and Self-Administer Medication form). This includes inhalers, prescriptions, and over the counter medications.
- 7) Parents are responsible for providing medications for overnight field trips.
- 8) Pick up your child's medication no later than the last day of the school year. Any medications that are not picked up at the end of the school year will be discarded.
- 9) A new Medication Guidelines form must be signed every school year.

If you have any questions regarding the Medication Guidelines, please contact the Nurse at your child's school.

**I HAVE READ THE LITCHFIELD ELEMENTARY SCHOOL DISTRICT MEDICATION GUIDELINES.**

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## LITCHFIELD ELEMENTARY SCHOOL DISTRICT

272 East Sagebrush Street • Litchfield Park, Arizona 85340 • 623.535.6000 • Fax 623.935.1448 • [www.lesd.k12.az.us](http://www.lesd.k12.az.us)

*"A Stronger Mind for a Stronger Future"*

Written permission is necessary before any medication can be given to your child. If written permission isn't available then verbal permission may be obtained for each episode. Written permission is valid for each school year. If you have any questions regarding this, please contact the Health Center.

**---Please complete form and return to school health center---  
2020/2021**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Homeroom Teacher (if applicable): \_\_\_\_\_

In case of minor accident or illness, I give permission for my child, to receive any of the following medications. Areas checked **YES** may be dispensed to my child.

**YES NO**

- |       |       |  |
|-------|-------|--|
| _____ | _____ | Acetaminophen (Tylenol for headache, menstrual cramps, etc.) |
| _____ | _____ | Ibuprofen (Motrin for headache, menstrual cramps, etc.)      |
| _____ | _____ | Antacid (upset stomach)                                      |
| _____ | _____ | Throat Lozenges (sore throat)                                |
| _____ | _____ | Salt Water Gargle (sore throat)                              |
| _____ | _____ | Caladryl (insect bite/itching)                               |
| _____ | _____ | Lip Balm/Vaseline (chapped lips)                             |
| _____ | _____ | Benadryl (Antihistamine for allergic reactions, etc.)        |

**It is noted that alternate methods of care will be used before medication is given.**

**Please note any known allergies or chronic health conditions.**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: Food \_\_\_\_\_

Medication \_\_\_\_\_

Other \_\_\_\_\_

Chronic Health condition(s): \_\_\_\_\_

Currently taking medications (please list): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please contact your school nurse to discuss any questions or concerns.**



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### AUTHORIZATION AND PERMISSION TO RELEASE MEDICAL, EDUCATIONAL AND/OR SPECIAL EDUCATION RECORDS

Student \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Previous School Attended \_\_\_\_\_

Address (Previous School) \_\_\_\_\_

City/State/Zip (Previous School) \_\_\_\_\_

Phone Number (Previous School) \_\_\_\_\_ Fax Number \_\_\_\_\_

In compliance with the Family Education Rights and Privacy Act of 1974, I authorize the release of my child's school records, including gifted, educational, medical, social or special education information to the Litchfield Elementary School District.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_

#### **PLEASE SEND RECORDS, EXCEPT SPECIAL EDUCATION, FOR ALL SCHOOLS TO:**

**LITCHFIELD ELEMENTARY SCHOOL DISTRICT**

**ATTN: STUDENT INFORMATION DEPT.**

**272 E Sagebrush, LITCHFIELD PARK, AZ 85340**

**PHONE: 623-535-6048**

**FAX NUMBER: 623-535-0444 (Do not fax records that are over 5 pages – do not send general education records to the Special Education Dept.)**

☐ **Barbara B. Robey Elementary School**

Phone: 623-547-1400

☐ **Belen Soto Elementary School (K-8)**

Phone: 623-547-3400

☐ **Corte Sierra Elementary School**

Phone: 623-547-1000

☐ **Dreaming Summit Elementary School**

Phone: 623-547-1200

☐ **Litchfield Elementary School**

Phone: 623-535-6100

☐ **L. Thomas Heck Middle School**

Phone: 623-547-1700

☐ **Mabel Padgett Elementary School**

Phone: 623-547-3200

☐ **Palm Valley Elementary School**

Phone: 623-535-6400

☐ **Rancho Santa Fe Elementary School**

Phone: 623-535-6500

☐ **Scott L. Libby Elementary School**

Phone: 623-535-6200

☐ **Verrado Elementary School**

Phone: 623-547-1600

☐ **Verrado Heritage Elementary School (K-8)**

Phone: 623-547-3300

☐ **Verrado Middle School**

Phone: 623-547-1300

☐ **Western Sky Middle School**

Phone: 623-535-6300

☐ **Wigwam Creek Middle School**

Phone: 623-547-1100

#### **PLEASE ONLY SEND SPECIAL EDUCATION RECORDS FOR ALL SCHOOLS TO:**

**LITCHFIELD ELEMENTARY SCHOOL DISTRICT**

**ATTN: SPECIAL EDUCATION DEPT.**

**272 E Sagebrush, LITCHFIELD PARK, AZ 85340**

**PHONE: 623-535-6066**

**FAX NUMBER: 623-935-3715**

#### **☐ Special Education Records**

My child is currently receiving special education services in the following area(s)

☐ Special Education Resource ☐ Special Education Self-Contained ☐ Speech ☐ ELL ☐ Title I