STUDENT ENROLLMENT FORM

Student's Legal Name: _____
Last Name First Name Middle Name

Date of Birth: ___/___/_____ Gender: □ Male □ Female Place of Birth: _____
City State

Student's Primary Address: _____
Street Address Apt # Zip Code

Hispanic/Latino: □ Yes □ No Race: □ White □ Black or African American □ Asian
□ Hawaiian or other Pacific Islander □ Native American or Alaskan Indian Native

Last School Attended

Name of School: _____ Withdrawal Date: _____
School Address: _____
Street City State Zip Code
Phone Number: _____ □ I give permission to request all records from this school.
Have you ever attended a Wilson District School before? □ Yes □ No If yes, what year?

Program Participation

Please check any special programs in which the student has participated:
□ Migrant Program □ EL/SEI □ 504 Plan □ IEP □ Speech/Language □ Gifted/Talented □Free/Reduced Lunch
Is either parent a migrant worker? □ Yes □ No

Students in Same Household Attending Wilson School

1st Student's Legal Name: _____
First Name Middle Name Last Name
Date of Birth: Grade: School:

2nd Student's Legal Name: _____
First Name Middle Name Last Name
Date of Birth: Grade: School:

Parent/Guardian Information

Father or Guardian 1
Name: _____
First Name Middle Name Last Name
Date of Birth: _____ Employer: _____
Work Phone: _____ Cell Phone: _____ Email: _____
□ Parent □ Legal Guardian (by court) □ Stepparent □ Foster Parent □ Other (specify):

Mother or Guardian 2
Name: _____
First Name Middle Name Last Name
Date of Birth: _____ Employer: _____
Work Phone: _____ Cell Phone: _____ Email: _____
□ Parent □ Legal Guardian (by court) □ Stepparent □ Foster Parent □ Other (specify) _____

Emergency Contact (must be 18 years or older)

First Name	MI	Last Name	Relation	Home Phone	Work Phone	Cell Phone

Field Trips

□ I give permission for my child to attend any field trips taken by walking, riding the bus, riding the school van or car, or taking public transportation during the school year.

SIGNATURE REQUIRED: I verify that the information above is correct and current. I will inform the school of any changes in this information. I authorize any school personnel to take reasonable emergency measures on behalf of my child and agree to hold them harmless for any treatment undergone.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Registrar Date Received

Revised 03/2023

OFFICE USE ONLY

Grade: _____ Entry Date: _____ Code: _____
Homeroom: _____ Student ID: _____
SAIS: _____ Home District: _____
Date of Input: _____ □ Birth Certificate □ Out of District
Registrar: □ Immunizations □ Proof of Address

WILSON SCHOOL DISTRICT NO. 7

OUT OF DISTRICT ENROLLMENT APPLICATION

COMPLETE ONE APPLICATION PER CHILD

Student's Name _____
Last First M.I. ETHNICITY

Current Grade _____ Birthdate _____ Home phone_____

Work phone _____ Message phone _____

Parent's Name _____
Last First M.I.

Home address _____
Street City State Zip

The above-named student resides within the _____ District

PRESENT SCHOOL OF ATTENDANCE:

School _____

District _____

Brothers or sisters currently attending Wilson:

Name: Grade: DOB:

_____

_____

REASON FOR APPLICATION:

_____

_____

Name: Grade: DOB:

_____

_____

REQUEST ASSIGNMENT FOR THE _____ SCHOOL YEAR TO: Wilson Primary Grade _____

Wilson Elementary Grade _____

Is the above-named child:

- ☐ Yes ☐ No Expelled or long term suspended from any school or district?
- ☐ Yes ☐ No Currently being considered for expulsion or long-term suspension from a school or District?
- ☐ Yes ☐ No ☐ N/A In compliance with conditions imposed by a juvenile court?

Note: The following conditions apply to the open-enrollment program:

1. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
2. On time attendance is mandatory and all school rules must be followed.
3. The parent or legal guardian will be notified in writing whether the application has been accepted, rejected, or placed on a waiting list.
4. APPLICATION ACCEPTANCE IS ON A YEAR-BY-YEAR BASIS.
5. Transportation for the student is the responsibility of the parent or legal guardian (exception by statute [A.R.S. 15-816.06]).
6. Providing false information on this form may result in the application being denied or admission being revoked.

The signatory affirms that the student will abide by the rules, standards, and policies of the school and the District if enrolled.

_____ _____

Signature of Parent or Legal Guardian Date

- **FOR DISTRICT USE ONLY - DO NOT WRITE BELOW THIS LINE**

STUDENT NUMBER _____ **DATE STAMP _____**

- ☐ Accepted
- ☐ Placed on waiting list
- ☐ Rejected

Reason for rejection:

- ☐ Attendance
- ☐ Capacity
- ☐ Behavior/Discipline

Principal _____

Preschool Development Grant
Child & Family Application

Child must be 4 years old before September 1, 2023

Child's Name: **Date of Birth:**

Primary Parent/Guardian Name: **Street Address:**

City: **Zip Code:** **Telephone #:**

Mailing Address *(if different from above):*

City: **Zip Code:**

Email Address*:*

Child Ethnicity *(Please circle):*

American Indian or Alaskan Native Asian Native Hawaiian/Other Pacific Islander

Black or African American Hispanic/ Latino White, not Hispanic two or more races

_____ Total number of adults in the household

_____ Total number of children in the household

Amount of Gross Income for the most recent month for each parent in household (please select all sources that apply)

Name Parent/ Guardian #1		Name Parent/ Guardian #2	
	Wages from paid employment		Wages from paid employment
	Child support payments		Child support payments
	Spousal maintenance *(alimony)*		Spousal maintenance *(alimony)*
	Government payments		Government payments
	Unemployment payments		Unemployment payments
	Other *(please describe below)*		Other *(please describe below)*

% Gross Yearly and Monthly Income		
Persons in Family/ Household	**200% Poverty Guideline Yearly**	**200% Poverty Guideline Monthly**
1	$24,120	$2,010
2	$32,480	$2,707
3	$40,840	$3,403
4	$49,200	$4,100
5	$57,560	$4,797
6	$65,920	$5,493
7	$74,280	$6,190
8	$82,640	$6,887
For families/households with more than 8 persons, add $8,360 for each additional person in the "200% Poverty Guideline Yearly" column.		

Declarative Statement:
I affirm that the above information is true and correct to the best of my knowledge. I understand that my personal information contained on this application will be made available to the Preschool Development Grant funding source.

_____
Signature

_____
Printed Name

_____
Relationship to Child

For Completion by Provider

_____ All items in application are completed
_____ Family income verified
Specify documents used to verify income (i.e. w-9 forms, paystubs, etc.)
_____ Child citizenship/legal residency verified
Child's age verified
_____ Date
_____ Initials

CDC/SGH# or name:_____

Arizona Department of Health Services
Bureau of Child Care Licensing

Emergency, Information and Immunization Record Card

Child's Name:	**Date Enrolled:**	Updated:
Home Address (#, Street, City, State, Zip Code):		**Date Disenrolled:**
Home Phone:	**Date of Birth**:	**Sex:** ☐ **male** ☐ **female**

Parent or Guardian Name:	**Home Address (#, Street, City, State, Zip Code):**
Cell Phone (optional):	**Contact Telephone Number:**

Parent or Guardian Name:	**Home Address (#, Street, City, State, Zip Code):**
Cell Phone (optional):	**Contact Telephone Number:**

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	**Contact Telephone Number**:
Name:	**Contact Telephone Number**:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	**Name**:	**Contact Telephone Number**:

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional):_____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:
www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

☐	Copy of current official documented immunization record attached
☐	Religious Beliefs exemption form signed by parent/guardian attached
☐	Medical Exemption form signed by physician and parent/guardian attached
☐	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? ☐ **No** ☐ **Yes** **If yes**, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? ☐ **No** ☐ **Yes** **If yes**, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? ☐ **No** ☐ **Yes** **If yes**, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? ☐ **No** ☐ **Yes** **If yes**, list precautions:
Additional comments:
Other special instructions:

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	**SIGNED Name**:	**DATE:**

Wilson School District No. 7

3025 East Fillmore Street • Phoenix, AZ • 85008
Telephone (602) 681–2200 Fax (602) 275–7517

Student/Estudiante: _____

Parent/Padre: _____

Address/Dirección: _____

In applying to the Wilson Primary School Pre-school Program as an out-of-district or in-district resident, I understand that transportation, including transportation provided though the Mc-Kinney Vento Homeless Education Assistance Act, will not be provided.

By signing below, I acknowledge that I am fully aware that transportation will not be provided.

****

Registrando como un residente fuera del distrito o residente en el distrito en el programa preescolar de la escuela Wilson Primary, yo comprendo que no se proveerá transportación incluyendo transportación del programa McKinney-Vento.

Firmando este documento, tengo el conocimiento y estoy consciente que transportación no será proveído.

_____ _____

Parent Signature/Firma del padre Date/Fecha

_____

Clerk's Initials

Wilson School District #7
Medical History and Treatment form

STUDENT: _____ **GRADE:** _____ **DATE OF BIRTH:** _____

PARENT/GUARDIAN: _____ **CELL PHONE:** _____

WORK PHONE: _____

1. **My child has a food/ insect/ medication ALLERGY: (__) NO (__) YES**

   Allergy to: _____

2. **Please note any health problem, physical handicap, emotional difficulty, behavioural problem:**

   _____

3. **Has your child ever been hospitalized for a medical condition? (__) NO (__) YES**

   What was the diagnosis? _____

4. **My child's immunization/shots are current and up to date: (__) NO (__) YES**

5. **My child has the following issues or common complaints:**

__ Asthma	__ Sensitive Skin	__ Eczema/ Dry Skin	__ Frequent Nosebleeds
__ Ear Aches	__ Sinus	__ Seizures/ Convulsions	__ High Blood Pressure
__ Dizziness/Fainting	__ Frequent Colds	__ Headaches/Migraines	__ Depression/Anxiety
__ Tonsillitis/Throat	__ ADHD/ ADD	__ Hearing/Vision	__ Heart Problems
__ Eye Infections/Allergy	__ Bronchitis	__ Urinary Problems	__ Diabetes

6. **My child wears glasses (__) Yes (__) No** **Contact lenses (__) Yes (__) No**

7. **Medications**: In case of a minor illness, **my child may receive the following medications from the School Nurse or a person designated by the principal**: **(Please Circle)**

Y N Tylenol/ Acetaminophen for pain/fever	**Y N** Motrin/ Ibuprofen for severe pain/high fever
Y N Antibiotic ointment for scrapes/cuts	**Y N** Bactine for cleaning scrapes/cuts/ pain
Y N Hydrogen peroxide for cleaning scrapes/cuts	**Y N** Calamine/Calagel lotion for rashes/ itching
Y N Vick's Chest Rub for cough/headaches	**Y N** Sterile eye wash
Y N Campho-phinique gel for insect bites	**Y N** Benzocaine gel for tooth pain
Y N Cough Drops (4th-8th Grade only)	

8. **My child has a dietary restriction: (__) Yes (__) No** Explain: _____

****

I hereby give permission to the Wilson School District Nurse or authorized personnel to provide necessary treatment for my child and to contact me at the above contact information in the event of an emergency.

Parent/Guardian Signature:_____ Date: _____

Wilson School District No. 7

3025 East Fillmore Street • Phoenix, AZ • 85008
Telephone (602) 681–2200 Fax (602) 275–7517

Parent/Child Acknowledgements

I have reviewed the Wilson School District Code of Conduct with my student and agree with the district's expectations. (A copy of the code of conduct can be found at https://www.wsd.k12.az.us/codeofconduct). I am aware that school begins at 8:00 a.m. and that my child needs to arrive at the school and picked up on time. My phone number, address and email address must be current and I will notify the office of any changes

Media Policy

Wilson School District's policy is to allow photographs, video and audio recordings, comments and/or first names of students to be used in print and electronic materials produced by the District Office. This includes but it not limited to the district website, district social media pages, any other public website for news media or for general educational purposes. Parents and guardians may request that photographs, videos and audio recordings, comments, and/or names of their students not be used by completing a Media Opt-Out Form found at https://www.wsd.k12.az.us/policies and returning it to the student's school office.

Technology

I have been provided with the Wilson School District's Acceptable Use of Electronic Information Resources policy and understand the expectations for myself and my student.

Parent Signature _____ Date _____

Student Signature _____ Date _____

WILSON ELEMENTARY SCHOOL DISTRICT NO. 7

3025 East Fillmore Street • Phoenix, Arizona 85008
Phone: (602) 681-2200 • Fax: (602) 275-7517

REQUEST FOR STUDENT RECORDS

The student listed below recently enrolled in one of our schools. We would appreciate it if you would send the following records to us.

Student Name: _____ DOB_____ Grade_____

Previous School Attended: _____

Previous School Phone Number: _____ FAX: _____

Previous School Email: _____

Previous School Address: _____

City: _____ State: _____ ZIP Code: _____

PLEASE FAX/MAIL/EMAIL RECORDS TO THE SCHOOL MARKED BELOW:

☐ Wilson Primary School (K-3)
415 N 30th Street
Phoenix, AZ 85008
Phone: 602-683-2500
Fax: 602-231-0567
Email: gleos@wsd7.org

☐ Wilson Elementary School (4-8)
2929 E Fillmore Street
Phoenix, AZ 85008
Phone: 602-683-2400
Fax: 602-275-8677
Email: kduarte@wsd7.org

**Please send special education records to: 2929 E Fillmore Street
Phoenix, AZ 85008
Fax: 602-683-2402
Email: vrobles@wsd7.org

In compliance with the Family Education Rights and Privacy Act of 1974 and Arizona State Law, I authorize the release of my child's school records, including Withdrawal form, Birth Certificate, Immunization Record, State tests, cumulative data, special education information and any other pertinent information.

Parent/Guardian Signature_____ Date_____

OFFICE USE ONLY

In making this request, the undersigned agrees that the information received will be used only by the professional school staff who are assigned to work with the student in the educational program and will not be released to any other party without the prior consent of the parents.

_____ _____
Authorized Signature Date Requested