



BUCKEYE

ELEMENTARY SCHOOL DISTRICT #33
A community passionate about student success

Bales Elementary	Buckeye Elementary	Inca Elementary
25400 W. Maricopa Road Buckeye, Arizona 85326 623-847-8503 623-327-0744 Fax Attendance Line 623-866-6002 bales@besd33.org Monday, Tuesday, Thursday, Friday 8:30 am to 3:15 pm Wednesday 8:30 am to 12:30 pm	211 S. 7th Street Buckeye, Arizona 85326 623-386-4487 623-386-7901 Fax Attendance Line 623-866-6001 buckeye@besd33.org Monday, Tuesday, Thursday, Friday 8:00 am to 2:45 pm Wednesday 8:00 am to 12:00 pm	23601 W. Durango Street Buckeye, Arizona 85326 623-925-3500 623-386-4690 Fax Attendance Line 623-866-6006 inca@besd33.org Monday, Tuesday, Thursday, Friday 8:30 am to 3:15 pm Wednesday 8:30 am to 12:30 pm
Jasinski Elementary	John S McCain III Elementary	Marionneaux Elementary
4280 S. 246th Avenue Buckeye, Arizona 85326 623-925-3100 623-327-2708 Fax Attendance Line 623-866-6005 jasinski@besd33.org Monday, Tuesday, Thursday, Friday 8:30 am to 3:15 pm Wednesday 8:30 am to 12:30 pm	3170 S 247th Ave Buckeye, Arizona 85326 623-866-6200 623-248-4419 Fax Attendance Line TBD mccain@besd33.org Monday, Tuesday, Thursday, Friday 8:00 am to 2:45 pm Wednesday 8:00 am to 12:00 pm	24155 W. Roeser Road Buckeye, Arizona 85326 623-866-6100 Attendance Line 623-866-6007 marionneaux@besd33.org Monday, Tuesday, Thursday, Friday 8:30 am to 3:15 pm Wednesday 8:30 am to 12:30 pm
Sundance Elementary	WestPark Elementary	Preschool
23800 W. Hadley Street Buckeye, Arizona 85326 623-847-8531 623-386-6049 Fax Attendance Line 623-866-6003 sundance@besd33.org Monday, Tuesday, Thursday, Friday 8:00 am to 2:45 pm Wednesday 8:00 am to 12:00 pm	2700 S. 257th Drive Buckeye, Arizona 85326 623-435-3282 623-386-3398 Fax Attendance Line 623-866-6004 westpark@besd33.org Monday, Tuesday, Thursday, Friday 8:00 am to 2:45 pm Wednesday 8:00 am to 12:00 pm	640 Centre Avenue Buckeye, Arizona 85326 623-925-3921 623-386-6219 Fax Attendance Line 623-925-3921 preschool@besd33.org Monday - Friday 7:00 am to 4:30 pm
Buckeye Family Resource Center		
210 S. 6th Street, Bldg. 700 Buckeye, AZ 85326 623-925-3911 - 623-386-3900 Fax frc@besd33.org Monday - Friday 8:00am to 5:00pm		



PICKING UP YOUR CHILD

Help us keep your child safe! Only those adults listed on your child(ren)'s CAN PICK UP list will be allowed to sign a child out of school. All adults will be required to provide photo ID before your child(ren) can be released. Please refrain from picking up your child(ren) within 15 minutes of their school's regular dismissal time.

VISITORS

Please sign in at the front office of the school. A visitor badge will be provided. This helps us keep track of visitors to our campus and assists with the safety of our students. Please do not forget to bring a photo ID to verify your identity.

PARENT PORTAL

If you would like to keep track of your child(ren)'s grades and attendance, please register for a parent portal account. Your child(ren)'s school office can provide you with information regarding a parent portal account. To access the parent portal please go to <https://buckeye.apscc.org/login.aspx>.

TRANSPORTATION

Student Transportation Services are a privilege and not a right. Buckeye Elementary School District may withdraw bus privileges from any student who fails to follow the bus rules or directions given by the bus driver or other adult supervisor. Location, pick up time, drop off time and bus rules are available upon request. If you have any questions or concerns in regards to transportation, please contact our Transportation Coordinator at 623-925-3440.

CHILD NUTRITION

Please make sure to fill out the Lunch Application. Based on income your child may qualify for Reduced or Free Lunch. If you have questions for Child Nutrition, please contact our Child Nutrition Director at 623-925-3421.

ARIZONA TAX CREDIT

Arizona tax law (ARS 43-1089.01) allows taxpayers a credit for contributions made or fees paid to a public school for support of extracurricular activities. The credit is a dollar for dollar credit that is equal to the amount contributed or the amount of fees paid. However, the credit cannot exceed \$200 for single taxpayers or heads of household. For married taxpayers who file a joint return, the credit cannot exceed \$400. The tax credit can be claimed on personal income tax returns only. Contributions from businesses are welcome and are deductible, but cannot be used to claim a tax credit. Contributions made between January 1st and April 15th may be used as a tax credit on the current year or the previous year Arizona income tax return. Please consult your tax advisor. Now accepting tax credit donations online at <https://az-buckeye.intouchreceiving.com>

BUCKEYE FAMILY RESOURCE CENTER

The Buckeye Family Resource Center is a partnership between First Things First and Buckeye Elementary School District. The center serves the Buckeye community and its surrounding areas. The focus is on early childhood literacy, nutrition, health, and child-centered activities. Programs, resources and referrals are provided for family members of all ages and the community. Contact at 623-925-3911

PRESCHOOL PROGRAM

Our mission is to lay the foundation for our preschoolers to be passionate about learning, ready for Kindergarten, and set them up for success in receiving a world class education. Students are provided opportunities to problem solve, interact with peers, identify emotions and learn to self-regulate and become more independent thinkers. Students grow cognitively through developmentally appropriate practices based on the Early Learning Standards. Growth and development are measured through Teaching Strategies Gold. Students gain these skills through intentional play, vocabulary enrichment, consistent schedules, circle time, developmentally appropriate centers, and individualized lessons with their teacher and various staff. Through intentional play our students learn to follow instructions, practice active listening, sharing, taking turns, negotiating and cooperating skills. We make learning fun! If you have any questions about our preschool program, please contact the preschool at 623-925-3921

REGISTER TO VOTE

In the United States, voter registration is the responsibility of the people, and only 70 percent of Americans who are eligible to vote have registered. Please support your child(ren)'s school by registering to vote. For more information on registering to vote, please go to <http://www.dmv.org/az-arizona/voter-registration.php>.

2023-2024 Buckeye Elementary School District Calendar



BUCKEYE

ELEMENTARY SCHOOL DISTRICT #33
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JULY

Jul 4 Independence Day (Holiday)

AUGUST

Aug 2-8 Staff Development

Aug 7 Meet the Teacher Night (6:00pm-7:30pm)

Aug 9 First Day of School

SEPTEMBER

Sep 1 End of Progress Reporting

Sep 4 Labor Day (Holiday)

Sep 25 Staff Professional Development (No School)

OCTOBER

Oct 13 End of 1st Quarter

Oct 16-20 Fall Break (No School)

Oct 25-26 Parent Teacher Conferences

NOVEMBER

Nov 10 Veteran's Day (Holiday Observed)

Nov 17 End of Progress Reporting

Nov 22-24 Thanksgiving (Holiday)

DECEMBER

Dec 22 End of 2nd Quarter

Dec 25 Christmas Day (Holiday)

Dec 25-29 Winter Break (No School)

JANUARY

Jan 1 New Year's Day (Holiday)

Jan 1-5 Winter Break (No School)

Jan 8 SCHOOL RESUMES

Jan 12 Report Cards

Jan 15 Martin Luther King Day (Holiday)

FEBRUARY

Feb 2 End of Progress Reporting

Feb 7-8 Parent Teacher Conferences

Feb 19 Presidents' Day (Holiday)

MARCH

Mar 15 End of 3rd Quarter

Mar 18-22 Spring Break (No School)

Mar 28 Report Cards

Mar 29 Good Friday (No School)

APRIL

Apr 12 End of Progress Reporting

MAY

May 23 Last Day of School (2 hour early out)

May 27 Memorial Day (Holiday)

178 School Days

January 2024

S	M	T	W	T	F	S
		1	2	3	4	5
92	7	8	9	10	11	12
96	14	15	16	17	18	19
101	21	22	23	24	25	26
104	28	29	30	31		

February 2024

S	M	T	W	T	F	S
				1	2	3
106						
111	4	5	6	7	8	9
116	11	12	13	14	15	16
120	18	19	20	21	22	23
124	25	26	27	28	29	

March 2024

S	M	T	W	T	F	S
					1	2
125						
130	3	4	5	6	7	8
135	10	11	12	13	14	15
17	18	19	20	21	22	23
139	24	25	26	27	28	29
31						

April 2024

S	M	T	W	T	F	S
		1	2	3	4	5
144						
149	7	8	9	10	11	12
154	14	15	16	17	18	19
159	21	22	23	24	25	26
161	28	29	30			

May 2024

S	M	T	W	T	F	S
			1	2	3	4
164						
169	5	6	7	8	9	10
174	12	13	14	15	16	17
178	19	20	21	22	23	24
	26	27	28	29	30	31

June 2024

S	M	T	W	T	F	S
						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						

Day Week

August 2023

S	M	T	W	T	F	S
		1	2	3	4	5
3	6	7	8	9	10	11
8	13	14	15	16	17	18
13	20	21	22	23	24	25
17	27	28	29	30	31	

September 2023

S	M	T	W	T	F	S
					1	2
18						
22	3	4	5	6	7	8
27	10	11	12	13	14	15
32	17	18	19	20	21	22
36	24	25	26	27	28	29

October 2023

S	M	T	W	T	F	S
	1	2	3	4	5	6
41						
46	8	9	10	11	12	13
	15	16	17	18	19	20
51	22	23	24	25	26	27
53	29	30	31			

November 2023

S	M	T	W	T	F	S
			1	2	3	4
56						
60	5	6	7	8	9	10
65	12	13	14	15	16	17
67	19	20	21	22	23	24
71	26	27	28	29	30	

December 2023

S	M	T	W	T	F	S
					1	2
72						
77	3	4	5	6	7	8
82	10	11	12	13	14	15
87	17	18	19	20	21	22
	24	25	26	27	28	29
31						

Buckeye, McCain, Sundance & WestPark

Monday, Tuesday, Thursday, & Friday
8:00 am to 2:45 pm

Wednesday
8:00 am to 12:00 pm

Bales, Inca, Jasinski, & Marionneaux

Monday, Tuesday, Thursday, & Friday
8:30 am to 3:15 pm

Wednesday
8:30 am to 12:30 pm

- No School
- Staff Development, No Students
- Early Release
- Holiday (No School)

- Parent Teacher Conferences
- First & Last Day of School
- End of Quarter
- 10th, 40th, 100th Days



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Enrollment Packet Checklist

YOU MUST BRING THE FOLLOWING DOCUMENTS WITH YOU AT THE TIME OF REGISTRATION. THE REGISTRATION PROCESS CANNOT BE COMPLETED UNLESS WE HAVE ALL THE FOLLOWING DOCUMENTS:

- ☐ Proof of Residency (*A.R.S. §15-802 Section B*)
- ☐ Immunization Record (*A.R.S. §15-872 Section B*)
- ☐ Original or Certified Copy of Birth Certificate (*A.R.S. §15-828 Section A*)
- ☐ Withdrawal Form from Pupil's Previous School Attended in this State (*A.R.S. §15-827 Section A*)

POSSIBLE ADDITIONAL DOCUMENTS IF APPLICABLE :

- ☐ Custodial Documentation: 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.**
- ☐ Open Enrollment Form

YOUR ENROLLMENT PACKET INCLUDES THE FOLLOWING FORMS TO BE COMPLETED AND RETURNED TO THE SCHOOL OFFICE:

- ☐ Registration Form – Part 1
- ☐ Registration Form – Part 2
- ☐ Authorization for Release / Request for Student Records
- ☐ Health Information Form
- ☐ Student Services Questionnaire
- ☐ McKinney-Vento Eligibility Questionnaire
- ☐ PHLOTE Home Language Survey
- ☐ Arizona Residency Documentation Form or Affidavit of Shared Residence



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Student Registration Form - PART 1

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name		Student's First Name		Student's Middle Name		Suffix	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (MM/DD/YYYY)	Age	Birth City			Birth State	Birth Country		
Student's Primary Home Address (REQUIRED)				Subdivision	City	State	Zip	
Student's Mailing Address (if different from Home Address)				Subdivision	City	State	Zip	
Ethnicity (CHECK ONE) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NOT Hispanic/Latino		Race (Check ONE or MORE, regardless of ethnicity) <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander						
Is the student under refugee status? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate Country: _____ Effective Date: ____/____/____								

PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION

1 CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father					
	Last Name, First Name (as it appears on Driver's License)				Email Address		Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date of Birth (MM/DD/YYYY)	Birth Place	Home Address, City, State, Zip <input type="checkbox"/> Same as Student					
	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			

PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION

2 CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father					
	Last Name, First Name (as it appears on Driver's License)				Email Address		Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date of Birth (MM/DD/YYYY)	Birth Place	Home Address, City, State, Zip <input type="checkbox"/> Same as Student					
	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			

PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION

3 CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father					
	Last Name, First Name (as it appears on Driver's License)				Email Address		Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date of Birth (MM/DD/YYYY)	Birth Place	Home Address, City, State, Zip <input type="checkbox"/> Same as Student					
	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			

SCHOOL OFFICE USE ONLY

Start (Enter) Date:	Date Entered in SIS:	Enter Code:	Grade:	Teacher:	Student Perm ID#:	Entered into SIS by:	
Previously Enrolled in District? <input type="checkbox"/> Yes <input type="checkbox"/> No Campus: _____		<input type="checkbox"/> Bus <input type="checkbox"/> Walker <input type="checkbox"/> Parent Pick Up	<input type="checkbox"/> ELL <input type="checkbox"/> SpEd/Speech <input type="checkbox"/> Migrant <input type="checkbox"/> 504 <input type="checkbox"/> Gifted <input type="checkbox"/> Homeless	CTDS: 070433	School #:	EdFi ID #:	



BUCKEYE

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Student Registration Form - PART 2

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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STUDENT BACKGROUND INFORMATION

Name of previous school attended	Has the student ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, at what grade level? _____	Has the student been identified for Gifted Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Has the student ever attended another school in Arizona? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which school/district? _____	Has the student attended school in the USA within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which school/district? _____
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Has the student ever attended any of the Buckeye Elementary District Schools: ☐ Yes ☐ No If Yes, indicate which school, year and grade attended:

Bales Elementary	Year: _____	Grade: _____	McCain Elementary	Year: _____	Grade: _____
Buckeye Elementary	Year: _____	Grade: _____	Preschool	Year: _____	Grade: _____
Inca Elementary	Year: _____	Grade: _____	Sundance Elementary	Year: _____	Grade: _____
Jasinski Elementary	Year: _____	Grade: _____	WestPark Elementary	Year: _____	Grade: _____
Marionneaux Elementary	Year: _____	Grade: _____	BESD-Virtual:	Year: _____	Grade: _____

LIST SIBLINGS ATTENDING ANY SCHOOL WITHIN BUCKEYE ELEMENTARY SCHOOL DISTRICT

Student's Last Name	Student's First Name	School	Grade
Student's Last Name	Student's First Name	School	Grade
Student's Last Name	Student's First Name	School	Grade
Student's Last Name	Student's First Name	School	Grade

DISCIPLINE INFORMATION-SUSPENSION/EXPULSION

Has this student ever been suspended from School? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date, Reason, School/District
Has this student ever been expelled from School? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date, Reason, School/District
Has either action ever been recommended for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date, Reason, School/District

STUDENT EMERGENCY CONTACTS: PERSONS OTHER THAN PARENT/GUARDIAN - NEED TO PROVIDE AT LEAST ONE

If my child is being sent home or must leave school and attempts to reach me have failed, I authorize the following persons to pick up my child. I understand that if the name of the person picking up my child does not appear on this list or the person does not have a photo ID, my child will not be released from school to that person.

1 Relationship: (Check ONE) <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+			
Last Name, First Name (as it appears on Driver's License)	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Email	
2 Relationship: (Check ONE) <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+			
Last Name, First Name (as it appears on Driver's License)	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Email	

HOW DID YOU HEAR ABOUT US

Please Choose One ☐ Facebook ☐ Family or Friend ☐ Instagram ☐ Mailer ☐ Movie Theater ☐ Twitter ☐ Website ☐ Word of Mouth ☐ Other _____

PARENT/GUARDIAN SIGNATURE

I, the undersigned, do hereby authorize officials of Buckeye Elementary School District to contact the person(s) named on this form or updated forms and/or permission is granted to transport, render aid, treatment or care as deemed necessary in an emergency. In the event the parent and other person(s) named on either form cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment. I will not hold the school district financially responsible for the emergency care and/or transportation of said child. I certify that I am a parent with legal control of the child. I understand that it is my responsibility to contact Buckeye Elementary School District if I wish to change any information on this form or to revoke my consent given herein.

Parent/Guardian Signature: _____

Date: _____



BUCKEYE

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Authorization for Release of and Request for Student Records

STUDENT INFORMATION - NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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PREVIOUS SCHOOL ATTENDED INFORMATION

Name of previous school attended		Name of District	
Address	City	State	Zip
Phone	Fax	Email	

PARENT/GUARDIAN SIGNATURE

In accordance with A.R.S. § 15-828, I authorize the release of all records, to Buckeye Elementary School District, including birth certificate, academic (education), medical (health), psychological, special education, social development, and gifted information regarding the above pupil.

Parent/Guardian Signature:

Date:

BELOW FOR OFFICE USE ONLY

REQUESTING SCHOOL

☐ **Bales Elementary School**

25555 W. Durango Street, Buckeye, AZ 85326
(623) 847-8503 / (623) 327-0744 (fax)
Email: bales@besd33.org

☐ **Jasinski Elementary School**

25555 W. Durango Street, Buckeye, AZ 85326
(623) 925-3100 / (623) 327-2708 (fax)
Email: jasinski@besd33.org

☐ **Preschool**

25555 W. Durango Street, Buckeye, AZ 85326
(623) 925-3921 / (623) 386-6219 (fax)
Email: preschool@besd33.org

☐ **Buckeye Elementary School**

25555 W. Durango Street, Buckeye, AZ 85326
(623) 386-4487 / (623) 386-7901 (fax)
Email: buckeye@besd33.org

☐ **John S McCain III Elementary School**

25555 W. Durango Street, Buckeye, AZ 85326
(623)-866-6200 / (623)-248-4419 (fax)
Email: mccain@besd33.org

☐ **Sundance Elementary School**

25555 W. Durango Street, Buckeye, AZ 85326
(623) 847-8531 / (623) 386-6049 (fax)
Email: sundance@besd33.org

☐ **Inca Elementary School**

25555 W. Durango Street, Buckeye, AZ 85326
(623) 925-3500 / (623) 386-4690 (fax)
Email: inca@besd33.org

☐ **Marionneaux Elementary School**

25555 W. Durango Street, Buckeye, AZ 85326
(623) 866-6100 /
Email: marionneaux@besd33.org

☐ **WestPark Elementary School**

25555 W. Durango Street, Buckeye, AZ 85326
(623) 435-3282 / (623) 386-3398 (fax)
Email: westpark@besd33.org

PLEASE SEND SPECIAL EDUCATION RECORDS FOR ALL SCHOOLS TO:

Buckeye Elementary School District
ATTN: Student Service
25555 W. Durango Street, Buckeye, AZ 85326
Phone: (623) 925-3400 x3405 Fax: (602) 386-6063
Email: ddunning@besd33.org

INFORMATION REQUESTED

- | | | |
|--|---|--|
| <input type="checkbox"/> All Academic Records | <input type="checkbox"/> Gifted Records | <input type="checkbox"/> Test Scores |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Immunization/Health Records | <input type="checkbox"/> Withdrawal Form |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Last Report Card | |
| <input type="checkbox"/> English Language Scores/Records (ELL) | <input type="checkbox"/> MOWR Status (move on with reading) | |

1st Request:

☐ Fax ☐ Email ☐ Mail

Date Sent:

Requested By:

2nd Request:

☐ Fax ☐ Email ☐ Mail

Date Sent:

Requested By:

3rd Request:

☐ Fax ☐ Email ☐ Mail

Date Sent:

Requested By:

Note: Arizona School Districts are required to request records within 5 days of enrollment. Notwithstanding financial debt owed by the pupil, school should send student records within 10 days after receiving a request as defined in A.R.S. 15-828-G



BUCKEYE

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Health Information Form

STUDENT INFORMATION - NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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PLEASE MARK ANY ITEMS THAT APPLY TO THE ABOVE STUDENT

Medical History	Medical continued
<input type="checkbox"/> Allergies (seasonal, environmental): _____ <input type="checkbox"/> Allergies (food, insects, drugs, latex, etc.): _____ <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Attention Deficit Disorder/Hyperactivity <input type="checkbox"/> Behavior Problems <input type="checkbox"/> Bladder or Bowel Problems <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Cancer/Leukemia <input type="checkbox"/> Chest/Lung Disease <input type="checkbox"/> Chickenpox (indicate year): _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition <input type="checkbox"/> Migraines	<input type="checkbox"/> Neurological Disorder <input type="checkbox"/> Seizures (Epilepsy) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ Hearing History <input type="checkbox"/> Chronic Ear Infections <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Known Hearing Loss (please provide documentation) <input type="checkbox"/> Myringotomy (tubes in ears) Vision History <input type="checkbox"/> Color Deficiency <input type="checkbox"/> Known Vision Loss <input type="checkbox"/> Right Eye <input type="checkbox"/> Left Eye <input type="checkbox"/> Both Eyes <input type="checkbox"/> Wears Contacts <input type="checkbox"/> Wears Eyeglasses

Medication Authorization

MEDICATIONS - PLEASE MARK MEDICATIONS THAT THE STUDENT IS ALLOWED OR NOT ALLOWED TO RECEIVE AT SCHOOL

*** Over the counter medications will only be administered on ***

Monday, Tuesday, Thursday & Friday between the hours of 11:00am to 2:00pm
Wednesday - No medications given

Diphenhydramine (Benadryl) for mild allergic reactions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Throat/Cough Lozenges for sore throat or cough	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tums or Rolaids for upset stomach	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Acetaminophen (Tylenol) for minor pain or fever	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ibuprofen (Motrin) for mild pain or fever	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Buckeye Elementary School District has over the counter medication "Standing Orders". With your permission, we will be able to administer over the counter medications to your child. Each new school year we require parents to sign a new authorization form for the administration of these medications. Medications will be dispensed by the School Health Office or the Principal's Designee. Written permission is valid for the current school year.

OTHER HEALTH INFORMATION

Physician Name	Phone	Hospital
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Surgeries/Hospitalizations:

PARENT/GUARDIAN SIGNATURE

I, the undersigned, do hereby authorize officials of Buckeye Elementary School District to contact the person(s) named on the student's emergency contact list in the event the parent cannot be contacted. In the event the parent/guardian or emergency contact person(s) cannot be reached, the school officials are hereby granted authorization to transport, render aid, treatment or care as deemed necessary in an emergency. I will not hold the school district financially responsible for the emergency care and/or transportation of said child. I certify that I am a parent with legal control of the child. I understand that it is my responsibility to contact Buckeye Elementary School District if I wish to change any information on this form or to revoke my consent given herein.

Parent's Last Name	Parent's First Name	Parent's Phone
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Parent/Guardian Signature:	Date:
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BUCKEYE

ELEMENTARY SCHOOL DISTRICT #33
A community passionate about student success

Student Services Questionnaire

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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SPECIAL EDUCATION INFORMATION

Was your student receiving special education services at their previous school? ☐ Yes ☐ No

Was your student receiving 504 accommodations at their previous school? ☐ Yes ☐ No

Was your student receiving ELL services (English Language Learners) at their previous school? ☐ Yes ☐ No

If No to ALL above questions, please STOP and sign here ➡

Parent/Guardian Signature:

Date:

If Yes to any of the above questions, please complete the below portion of this form and sign at the bottom

SELECT SPECIAL EDUCATION SERVICES RECEIVED OR 504 ACCOMMODATIONS RECEIVED:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Mild Intellectual Disability | <input type="checkbox"/> Severe Intellectual Disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Moderate Intellectual Disability | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> 504 Plan: _____ |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Speech/Language Impairment | <input type="checkbox"/> Other: _____ |

Do you have a copy of the current IEP or 504 Plan? ☐ Yes ☐ No

Do you have a copy of the current Psychological Evaluation Report (MET)? ☐ Yes ☐ No

*** If you have copies of the current IEP and MET Report, please provide a copy to the school or Student Services located at the Buckeye Elementary Central Office ***

PREVIOUS SCHOOL ATTENDED INFORMATION

Name of previous school attended		Name of District	
Address	City	State	Zip
Phone	Fax	Email	

STUDENT AND PARENT INFORMATION

Student's Primary Home Address	City	State	Zip
Parent Name	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		

PARENT/GUARDIAN SIGNATURE

I hereby certify that I am the child's parent or legal guardian and that the information I have given above is true and correct to the best of my knowledge. I hereby authorize the release of special education records for the above child.

Parent/Guardian Signature:

Date:



McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435
The answers will determine the services that the student may be eligible to receive.

Name of School

Student's Last Name

Student's First Name

Date of Birth (MM/DD/YYYY)

Grade

Gender

☐ M ☐ F

1. Is your current address based on a **temporary** living arrangement? ☐ Yes ☐ No

2. Is this temporary living arrangement due to **loss** of housing or economic **hardship**? ☐ Yes ☐ No

Note: **If you checked NO on either question above you can STOP here If you checked YES to both questions please continue filling out the form.**

Please do not complete this form if your housing **does not** meet one of the conditions listed below. If you rent, share housing for convenience, or if you are buying a house and do not need support services, your students **do not** qualify for the McKinney-Vento Act.

Where is the student presently living? (Check One)

☐ In a motel/hotel

Name of motel/hotel: _____

☐ In a shelter

Name of shelter: _____

☐ With more than one family in a house or apartment (*due to loss of housing or economic hardship*)

☐ In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite

Crossroads: _____

☐ 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

Please provide informatin about additional children attending school.

Student Name

Date of Birth

Grade

Campus attending

Last school attended: _____

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

Did the student/s receive McKinney-Vento Services in previous District attended? ☐ Yes ☐ No

PARENT/GUARDIAN SIGNATURE

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

Physical Address

City

State

Zip

Phone

Secondary Phone

Email

The undersigned Parent/Guardian certifies that the information provided is true and accurate.

Parent/Guardian:

Date:

RIGHTS OF HOMELESS STUDENTS

Buckeye Elementary School 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” — A. 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 designated for or ordinarily used as a regular sleeping accommodation for human beings, including cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar setting
- *Is a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in circumstances described above

RIGHTS OF HOMELESS STUDENTS

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 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 [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. § 11432(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 2 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](#), or contact:

LEA Homeless Liaison Buckeye Elementary School District 25555 W Durango St, Buckeye, AZ 85326 623-925-3400 centraloffice@besd33.org	State Homeless Education Program Coordinator Arizona Department of Education 1535 W. Jefferson Street, Phoenix, AZ 85007 (602) 542-4963 homeless@azed.gov
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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 05-2023)



Arizona Department of Education Arizona Residency Documentation Form

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, 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 resides:

- _____ 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
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)

_____ 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 have established residence in Arizona with the person signing the affidavit.

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.

MIGRANT EDUCATION PROGRAM PARENT OCCUPATIONAL SURVEY



School District: _____ Date Completed: _____

Number of Children in Household: _____ Age(s) of Children: _____

Name(s) of the School(s) the Children Attend: _____

Name of Parent(s)/ Caregiver(s): _____

Current Address: _____

City / State / Zip Code: _____ Contact Number: _____

Race/Ethnicity of the Children (select all that apply):

- ☐ American Indian or Alaska Native (If selected, please provide tribal affiliation: _____)
- ☐ Latino/a ☐ Black/African American ☐ White ☐ Native Hawaiian/Pacific Islander ☐ Asian








1. Have your children participated in the Migrant Education Program in Arizona or any other state?

☐ Yes ☐ No If yes, please indicate the date and state where your children received services: _____

2. In the last three years, has your family moved to search or work in another city, county, or state?

☐ Yes ☐ No If yes, on what date did your family arrive in the city you reside in at this time?: _____

3. Has anyone in your immediate family worked in one of the occupations listed below as a seasonal or temporary employee (less than 12 months)? (select all that apply)

<input type="checkbox"/> Agriculture (harvesting/picking vegetables or fruits such as lettuce, tomatoes, broccoli, strawberries, dates, lemons, etc.) 	<input type="checkbox"/> Dairy/Livestock/Poultry (herding, handling, feeding, branding, slaughtering, deboning, etc.) 
<input type="checkbox"/> Planting (Planting seeds, growing or cutting trees, preparing the land, etc.) 	<input type="checkbox"/> Meatpacking/ Meat Processing (skinning, hanging, cutting, trimming, freezing, etc.) 
<input type="checkbox"/> Processing/Packing agricultural products (cleaning, weighing, cutting, sorting, freezing, packing, etc.) 	<input type="checkbox"/> Fishing/ Seafood (scaling, cutting, freezing, enclosing raw product in container) 
<input type="checkbox"/> Personal Subsistence (Family consumes the crops, dairy products, or livestock they produce or the fish they catch) 	<input type="checkbox"/> Other agricultural or fishing occupation Please specify: _____

Additional Questions

1. Did you lose housing due to an eviction, inability to pay rent or mortgage due to economic hardship, conflict, abuse, or damage to your previous home? ☐ Yes ☐ No
2. Is your family staying with a friend/relative because of loss of housing, economic hardship, or similar reason? ☐ Yes ☐ No
3. Is your family staying in an unsheltered location (e.g., storage unit, tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)? ☐ Yes ☐ No
4. Are you temporarily caring for a child or youth (ages 3-21) that has recently lost housing (e.g., their parent has moved away unexpectedly, their parent can no longer financially support them)? ☐ Yes ☐ No

Please return this form to the school as soon as possible