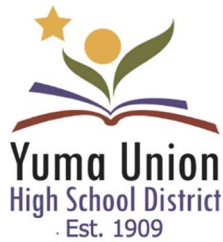


Yuma Union High School District  
3150 South Avenue  
Yuma, Arizona 85364  
Phone: 928.502.4605  
Fax: 928.344.9157



**Arizona Department of Education  
Arizona Residency Documentation Form**

Student:

School:

School District or Charter Holder: **Yuma Union High School District #70**

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, or gas 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)
- 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 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.

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**State of Arizona  
Affidavit of Shared Residence**

Student Name:

Parent/Legal Guardian Name:

School Name:

School District or Charter Holder: **Yuma Union High School District #70**

Name of Arizona Resident:

I, (resident name) \_\_\_\_\_ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: \_\_\_\_\_

Location of my residence: \_\_\_\_\_

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- 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, or gas
- Bank or credit card statement
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Printed Name of Affiant:

Signature of Affiant:

**Acknowledgement**

State of Arizona  
County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

By \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



# YUHSD Medical Information Form

2024-2025

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

## Emergency Information

Student name: _____	DOB: _____	Grade: _____	ID# _____
Parent Name: _____	Ph#: _____	Ph#2: _____	
Email: _____			
Emergency Contact #1: _____	Ph#: _____		
Emergency Contact #2: _____	Ph#: _____		
Doctor Name: _____	Ph# _____		

\*I \_\_\_\_\_ authorize the school nurse to contact my child's healthcare provider to discuss any medical-related conditions I may indicate on this form.

## Health History

Please **"check (X)"** any of the following Health Conditions if it pertains to your child:

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Allergies &amp; Reactions</b></td> </tr> <tr> <td>EpiPen:    Yes        No</td> </tr> <tr> <td>Asthma inhaler:               Yes        No</td> </tr> <tr> <td><b>Diabetes: Type I or Type 2</b> Continuous Glucose Monitor:    Yes        No</td> </tr> <tr> <td style="text-align: center;"><b>Seizures</b></td> </tr> <tr> <td>Rescue Meds:               Yes        No</td> </tr> <tr> <td><b>Concussion/Traumatic Brain Injury (within year)</b></td> </tr> <tr> <td><b>Migraines/Frequent Headaches</b></td> </tr> <tr> <td><b>Wears Glasses or Contacts</b></td> </tr> </table>	<b>Allergies &amp; Reactions</b>	EpiPen:    Yes        No	Asthma inhaler: Yes        No	<b>Diabetes: Type I or Type 2</b> Continuous Glucose Monitor:    Yes        No	<b>Seizures</b>	Rescue Meds: Yes        No	<b>Concussion/Traumatic Brain Injury (within year)</b>	<b>Migraines/Frequent Headaches</b>	<b>Wears Glasses or Contacts</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Other Recent or Chronic Illness/Condition/Surgery</b> Please List:</td> </tr> <tr> <td style="text-align: center;"><b>ADHD/ADD</b></td> </tr> <tr> <td style="text-align: center;"><b>Depression/Anxiety</b></td> </tr> <tr> <td style="text-align: center;"><b>Autism</b></td> </tr> <tr> <td style="text-align: center;"><b>Daily Medications</b> Please List:</td> </tr> <tr> <td><b>Hearing Loss</b>        <b>Right</b> <i>Circle:</i>                    <b>Left</b>    <b>Both</b></td> </tr> <tr> <td>Had <b>Chronic Illness</b> Form for Previous School Year</td> </tr> </table>	<b>Other Recent or Chronic Illness/Condition/Surgery</b> Please List:	<b>ADHD/ADD</b>	<b>Depression/Anxiety</b>	<b>Autism</b>	<b>Daily Medications</b> Please List:	<b>Hearing Loss</b> <b>Right</b> <i>Circle:</i> <b>Left</b> <b>Both</b>	Had <b>Chronic Illness</b> Form for Previous School Year
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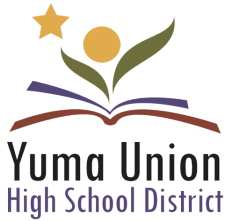
At the RN's discretion and following district policy (JLDC), **Over The Counter (OTC) medication** may be administered to treat your child. Please circle Yes or No for the following:

- |                                     |   |
|-------------------------------------|---|
| Y    N    Ibuprofen (Advil, Motrin) | Y    N    Antibiotic Ointment           |
| Y    N    Acetaminophen (Tylenol)   | Y    N    Benadryl Oral/ Benadryl Cream |

\*Additional OTC medication may also be administered such as antacid, cough drops, Orajel, and eye drops.

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

-----  
Nurse Notes:



# Opt Out Form for High School Students

School Year 2024 - 2025

Student Name: \_\_\_\_\_ Perm ID: \_\_\_\_\_ Grade: \_\_\_\_\_

## DISTRICT AND NEWS MEDIA

Your child may be interviewed, photographed, or audio- or video-recorded by the news media, district staff, or agents of the district for print, radio, television, internet content or any other medium which may be used for sports programs, music or drama presentations, commencement, news releases, applications for scholarships or awards, or other publicity about officially recognized school activities, unless you direct otherwise by checking the appropriate boxes below:

- I do not want district staff to interview, photograph, or audio/video record my child for any noneducational purpose.
- I do not want the news media to interview, photograph, or audio/video record my child for any purpose.

## DIRECTORY INFORMATION

In limited situations, the district may disclose "directory information", which is the student's name, address, email address, telephone number, field of study, enrollment status (part/full time), educational institutions attended, photograph; date and place of birth; class/grade level; dates of attendance; date of graduation; participation in officially-recognized activities and sports; weight and height if the student is a member of an athletic team; and awards received; the parent name, address, email address and telephone number.

The district will disclose such information only if the request is from (i) a post-secondary institution (e.g. college or university); (ii) a law enforcement agency or the Department of Child Safety; or (iii) a vendor selected by the school to provide a school-related service, such as class photos and yearbooks. Under no circumstance will the district provide directory information to a person or entity for a mass-marketing purpose. Your child's directory information will be released as described above, unless you direct otherwise by checking the box below:

- I do not want my child's directory information released. By selecting this option, I understand that my child's name and/or image will not be included in the yearbook, newsletters, programs, and other school and district publications.

## REQUESTS BY MILITARY RECRUITERS

The district must release a high school student's name, address, and telephone number to military recruiters, unless you direct otherwise by checking the box below:

- I do not want my child's name, address, and telephone number provided to military recruiters.

## PLEASE NOTE

- You may opt out of district and news media coverage, directory information releases, or requests by military recruiters by submitting this completed form to the school within two (2) weeks of receiving this form.
- This form must be resubmitted at the beginning of each school year.

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date