

Est. 1909

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute. Proof of residency will be required and must be updated annually to insure its accuracy and reliability. Please reaffirm that the address below is correct.

School Name: _____

Name of Parent/Guardian: _____

Name of Student: _____

Address On File: _____

If student does not reside at the above address, a new Arizona Residency Documentation Form will be required including supporting documentation.

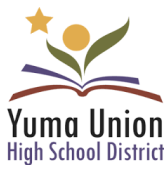
I reaffirm my residency and current address on file as prescribed by Arizona Revised Statutes.

Signature: _____ **Date:** _____

The residency documentation should be maintained in accordance with the District's records retention policy while keeping in mind ADE's audit window of up to three years immediately preceding the current fiscal year at the time the monitoring or audit activity commences.

District Office

3150 S Avenue A Yuma, Arizona 85364 Phone: 928-502-4600 Fax: 928-344-9157



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:

<p style="text-align: center;">Allergies & Reactions</p> <p>EpiPen: Yes No</p> <p>Asthma inhaler: Yes No</p> <p>Diabetes: Type I or Type 2 Continuous Glucose Monitor: Yes No</p> <p style="text-align: center;">Seizures</p> <p>Rescue Meds: Yes No</p> <p>Concussion/Traumatic Brain Injury (within year)</p> <p>Migraines/Frequent Headaches</p> <p>Wears Glasses or Contacts</p>	<p style="text-align: center;">Other Recent or Chronic Illness/Condition/Surgery Please List:</p> <p style="text-align: center;">ADHD/ADD</p> <p style="text-align: center;">Depression/Anxiety</p> <p style="text-align: center;">Autism</p> <p style="text-align: center;">Daily Medications Please List:</p> <p style="text-align: center;">Hearing Loss Right Circle: Left Both</p> <p>Had Chronic Illness Form for Previous School Year</p>
--	---

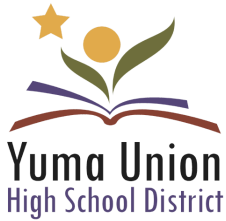
At the RN's discretion and following district policy (JLDC), **Over The Counter (OTC) medication** may be administered to treat your child. Please **circle Yes or No** for the following:

- | | | | |
|--------|---------------------------|--------|-------------------------------|
| 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