



K-12 Enrollment Packet

Welcome Letter

Higley Unified School District #60

Welcome to the Higley Unified School District

Please use this cover sheet as a guide to complete the enrollment process for your student. To enroll your child, please bring the following documentation to the front office of the school in which you are enrolling:

Completed Enrollment Packet

- Student Information Form
- Household information Form
- Support Programs Form
- Special Education, 504, EL and Gifted Programs Form
- Home Language Survey (HLS)
- Arizona Residency Documentation Form
- Authorization & Request for Release of Student Records Form (if applicable)
- Health Information Form
- Immunization Acknowledgement Form
- Kindergarten Questionnaire (if applicable)

You will also need to provide the following documentation:

- Official Withdrawal Form (if student previously attended an Arizona school)
- Certified Birth Certificate
- Proof of Residency (see acceptable forms on Arizona Residency Documentation Form)
- Current Immunization Record
- Unofficial Transcript/Grades
- Attendance Records
- Discipline Records
- Special Education Records (if applicable)
- 504 Accommodation Plan (if applicable)
- Gifted Test Scores (if applicable)
- Custody Documents (if applicable)

District & School Communication

The Higley Unified School District uses BlackBoard and the Higley Schools APP to send out emails and push notifications containing news, information and emergency notices, as needed. To receive emails, families MUST have an valid email on file.

ParentVue

The Higley Unified School District uses ParentVue for families and students to view grades and attendance information, as well as to register for classes at the secondary level. Teachers may also use ParentVue to communicate assignments. For information and to receive a login, please visit your school's front desk.

Free and Reduced Meals

Please visit www.LINQConnect.com to apply for Free & Reduced Meal Benefits online. You can also set up your child's meal payment account.

Transportation

Transportation is available to students within Higley Unified School District for their particular school boundaries only. Please contact our Transportation Office at (480) 279-7075 or transportation@husd.org to arrange to have your child added to the bus route in your area.

Higley Unified School District uses the Here Comes the Bus app which allows parents to view a real-time location of their students bus as well as receive notifications when your student boards and exits the bus. Contact HCTB@husd.org with any questions you may have.





K-12 Enrollment Packet

Student Information

Higley Unified School District #60

FOR OFFICE USE ONLY

BRI CEN CHP COR CTA GWP HTA PWR SAN CMS SMS HHS WFHS HVA
 Student ID# _____ State ID # _____ Grade ____ Enter Code _____ Entry Date _____
 Received by _____ Date Entered into Synergy _____ Input by _____
 Birth Certificate Immunizations Proof of Residency Home Language Survey Custody/Guardian Papers
 Open Enrollment – In District Open Enrollment – Out of District Records Request Sent _____
FOR HS ONLY: Date first entered 9th grade (mm/dd/yyyy) _____ Graduation Year _____

STUDENT INFORMATION

Please PRINT your child's name as it appears on the legal documentation required for enrollment.

Legal Last Name: _____ Legal First Name: _____ Legal Middle Name: _____ Suffix: _____
 Grade: _____ Gender: _____ Nickname: _____ Last Name Goes By: _____ Birthdate (mm/dd/yyyy) _____
 Birth State: _____ Birth Country: _____ Students Email Address: _____ Mothers Name on Birth Certificate: _____

The U.S. Department of Education requires all states to collect race & ethnicity information on students & staff.

Ethnicity (Must select one): No, Not Hispanic/Latino Yes, Hispanic/Latino
Race (Must select one or more): American Indian / Alaskan Native Asian
 Black or African American Native Hawaiian / Pacific Islander White

Student's Home Address: _____ Student's Mailing Address (if different): _____
 City: _____ State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____
 Student's Primary Home Phone #: _____ Student's Secondary Home Phone #: _____ Subdivision: _____

Dwelling Type: Single Family Dwelling Apartment Mobile Home Trailer

Last School Attended: _____ Address of Last School: _____ Enter & Withdrawal Dates: _____

My student is currently on long-term suspension or expulsion from another school district: Yes No

REQUIRED DOCUMENTATION: A birth certificate or other reliable proof of the student's identity or age, immunization records and proof of residency are required for enrollment purposes. Failure to comply with ARS 15-821, ARS 15-828, and ARS 15-872 may result in the pupil's suspension from school, and/or the referral to the local law enforcement agency.





K-12 Enrollment Packet

Household Information

Higley Unified School District #60

PARENT/GUARDIAN INFORMATION

Student lives with: Both parents Mother Father Guardian Foster Other: _____

Custody of the Student Joint Mother Father State Temporary Other: _____

Custody papers No custodial restrictions

NOTE: The school will not honor a request of restrictions unless copies of court orders supporting the request are on file with the school. A power of attorney document cannot replace court-ordered custody papers.

Parent/Legal Guardian #1

Parent/Legal Guardian #2

Legal Name (First, Middle, Last, Suffix)

Legal Name (First, Middle, Last, Suffix)

Relationship to Student:

Relationship to Student:

Home Address:

Home Address:

City, State Zip:

City, State Zip:

Mailing Address:

Mailing Address:

Home Phone: Primary

Home Phone: Primary

Cell Phone: Primary

Cell Phone: Primary

Work Phone: Primary

Work Phone: Primary

Email:

Email:

Serves or has served in military Active Reserves

Serves or has served in military Active Reserves

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

EMERGENCY CONTACT INFORMATION

At least **ONE** emergency contact must be designated

Priority	First, Middle, Last Name	Relationship to Student	Home Phone	Work Phone	Cell Phone
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby affirm, by my signature, that I am either the parent or guardian of the above-named student (or the student if over 18) and that all information provided is true, accurate and up-to-date. Any false statement subjects the above-named student to immediate withdrawal. Also, I hereby grant the Higley Unified School District staff permission, in an emergency, to take my child to the closest emergency center for treatment in the event that I cannot be reached. It is understood that the nurse will try to reach the parent(s) and other persons listed above before arranging for transportation to an emergency facility.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date





K-12 Enrollment Packet

Support Programs

Higley Unified School District #60

SUPPORT PROGRAMS

This information will be kept confidential and will be used only to identify students for support services.

Student Name:	Student ID:	Grade:	Birthdate:

Questions 1. and 1a. are intended to address the McKinney-Vento Assistance Act, U.S.C.A. 42 section 11302(a). Your answers will help us determine residence information necessary for potential services for this student.

1. Where is the enrolling student presently living? (Check the **one box** that applies)

In an emergency shelter

In a motel, car, park, camper or campsite

With another family in a house or apartment

With friends or family members other than parent/guardian

None of the above. **You do not need to answer question 1a. Please go to question 2.**

1a. The student lives with:

One parent

Two parents

One parent and another adult that is not the legal guardian

A relative, friend(s) or another adult(s)

Alone with no adults

An adult that is not the parent or legal guardian

2. Yes No Have you or any member of your household moved in the past 3 years for the purpose or working in agriculture-related jobs such as field work, fruit or vegetable packing companies, dairies or ranches?

2a. Yes No Has the student been previously enrolled in a migrant child education program?

3. Yes No If the child was born outside of the United States, has the student attended U.S. schools for a total of more than 3 academic years?

What is the date the student first enrolled in a U.S. School? _____

4. Yes No Is the student Native American?

If **YES**, Tribe name: _____ Tribal number: _____

Tribe name: _____ Tribal number: _____

5. Yes No Is the student under refugee status?

If **YES**, Country: _____ I-94 Number: _____

Parent/Guardian Printed Name	Signature of Parent/Guardian	Date
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K-12 Enrollment Packet

Special Education, 504, EL & Gifted Program Information

Higley Unified School District #60

Student Name:

Student ID:

Grade:

Birthdate:

In order to assist us in meeting the educational needs of your child, please read below and supply the requested information to the extent you are able.

There are many regulations that govern Special Education, students receiving 504 accommodations and services for gifted students. Services provided by your child's previous school should continue, but HUSD must be provided with proper documentation. (Please understand that not all documentation from the previous school is automatically forwarded in a timely manner.) If you would like your child to receive the appropriate services, please submit current reports, evaluations, Individualized Education Program (IEP's) and other information you may have regarding your child as soon as possible. Your effort will expedite services.

SPECIAL EDUCATION SERVICES

Please check all programs that your student has been enrolled in:

- Special Education with IEP
 Other _____
- Speech Therapy
- Occupational Therapy/Physical Therapy

504 SERVICES

Yes No Did your child receive accommodations under a 504 plan?

If **YES**, please indicate the disability for which the child had a 504 plan:

Name of diagnosing physician:

Yes No Do you have a copy of the physician's statement or report? If **YES**, please provide a copy

ENGLISH LEARNERS (EL) SERVICES

Yes No Has your child been enrolled in an English Learner (EL) Program?

GIFTED PROGRAM SERVICES

Yes No Did your child receive Gifted and Talented Services (GATE) at the previous school?

Please describe the services provided to your child:

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date





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)



K-12 Enrollment Packet

Residency Documentation Instructions

Higley Unified School District #60

Arizona Residency Documentation – Which form do I complete?

Per 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.

Upon submitting this documentation, you only need to submit **ONE** of the following.

If you are a Parent/Guardian that maintains your own residence...

The parent or legal guardian must complete and sign the **Arizona Residency Documentation Form** indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide one of the following documents, which bear the parent or legal guardian's full name and residential address or physical description of the property where the student resides (no P.O. Boxes):

- Valid Arizona driver's license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Property deed/Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement or off-base military housing)
- Utility bill (water, electric, gas, cable, phone)
- 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)

If you are a Parent/Guardian that DOES NOT maintain your own residence...

Parent(s) or legal guardian(s) that does not maintain his or her own residence: The parent or legal guardian must have an **Affidavit of Shared Residency Form** completed indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit for the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the above bulleted list bearing the name and address of the person who maintains the residence.

More information on required documentation, visit Arizona Department of Education's Residency and Enrollment Guidelines webpage <https://www.azed.gov/communications/2019/04/26/updated-residency-and-enrollment-guidelines>





Arizona Department of Education Arizona Residency Documentation Form

Student: _____ School: _____

School District or Charter Holder: Higley Unified School District

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.



State of Arizona Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: Higley Unified School District

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, 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)

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 _____



K-12 Enrollment Packet

Authorization & Request for Release of Student Records (K-6th grade)

Higley Unified School District #60

- | | | |
|---|--|--|
| <input type="checkbox"/> Bridges Elementary
5205 S Soboba St
Gilbert, AZ 85298
P: (480) 279-8700
F: (480) 279-8705
Email: BRG.Registrar@husd.org | <input type="checkbox"/> Centennial Elementary
3507 S Ranch House Pkwy
Gilbert, AZ 85297
P: (480) 279-8200
F: (480) 279-8205
Email: CEN.Registrar@husd.org | <input type="checkbox"/> Chaparral Elementary
3380 E Frye Rd
Gilbert, AZ 85295
P: (480) 279-7900
F: (480) 279-7905
Email: CHP.Registrar@husd.org |
| <input type="checkbox"/> Coronado Elementary
4333 S De Anza Blvd
Gilbert, AZ 85297
P: (480) 279-6900
F: (480) 279-6905
Email: COR.Registrar@husd.org | <input type="checkbox"/> Cortina Elementary
19860 S 188 th St
Queen Creek, AZ 85142
P: (480) 279-7800
F: (480) 279-7805
Email: CTA.Registrar@husd.org | <input type="checkbox"/> Gateway Pointe Elementary
2069 S De La Torre Dr
Gilbert, AZ 85295
P: (480) 279-7700
F: (480) 279-7705
Email: GWP.Registrar@husd.org |
| <input type="checkbox"/> Higley Traditional Academy
3391 E Vest Ave
Gilbert, AZ 85295
P: (480) 279-6800
F: (480) 279-6805
Email: HTA.Registrar@husd.org | <input type="checkbox"/> Power Ranch Elementary
4351 S Ranch House Pkwy
Gilbert, AZ 85297
P: (480) 279-7600
F: (480) 279-7605
Email: PWR.Registrar@husd.org | <input type="checkbox"/> San Tan Elementary
3443 E Calistoga Dr
Gilbert, AZ 85297
P: (480) 279-7200
F: (480) 279-7205
Email: SAN.Registrar@husd.org |

I hereby authorize the release of records for the following student:

<i>Student Name</i>	<i>Date of Birth</i>	<i>Grade</i>
<i>Previous School Name</i>	<i>Address</i>	
<i>Phone Number</i>	<i>Fax Number</i>	<i>Email</i>

- | | |
|---|--|
| <input type="checkbox"/> Official Withdrawal Form | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Standardized State Test Scores | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Gifted Test Scores | <input type="checkbox"/> 504 Plan (if applicable) |
| <input type="checkbox"/> Withdrawal Grades | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Most Recent Report Card | <input type="checkbox"/> Special Education Records |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> EL Records |
| <input type="checkbox"/> Home Language Survey | <input type="checkbox"/> Other: _____ |

Please mail or fax the requested records to the address checked above. If necessary, please forward this request to the appropriate department for records that are not contained on your campus. Thank you for your prompt consideration.

<i>Signature of Parent/Guardian or School Registrar</i>	<i>Date</i>
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THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA) STATES: §99.31 Under what conditions is prior consent not required to disclose information? (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the consent required by §99.30 if the disclosure meets one or more of the following conditions: (1) The disclosure is to other school officials, including teachers, within the agency or institution whom the agency or institution has determined to have legitimate educational interest. (2) The disclosure is, subject to the requirements of §99.34, to officials of another school, school system, or institution of postsecondary education where the student seeks or intends to enroll

1st Request: _____ 2nd Request: _____ 3rd Request: _____ Date Records Received: _____





K-12 Enrollment Packet

Authorization & Request for Release of Student Records (7th-12th)

Higley Unified School District #60

Cooley Middle School
 1100 S Recker Rd
 Gilbert, AZ 85296
 P: (480) 279-8300
 F: (480) 279-8305
 E: CMS.Registrar@husd.org

Sossaman Middle School
 18655 E Jacaranda Blvd
 Queen Creek, AZ 85142
 P: (480) 279-8500
 F: (480) 279-8505
 E: SMS.Registrar@husd.org

Higley Virtual Academy
 4351 S. Ranch House Pkwy
 Gilbert, AZ 85297
 P: (480) 279-9713
 F: (480) 279-9705
 E: HVA.Registrar@husd.org

Higley High School
 4068 E Pecos Rd
 Gilbert, AZ 85297
 P: (480) 279-7300
 F: (480) 279-7305
 E: HHS.Registrar@husd.org

Williams Field High School
 2076 S Higley Rd
 Gilbert, AZ 85295
 P: (480) 279-8000
 F: (480) 279-8005
 E: WFHS.Registrar@husd.org

Higley Unified District Office
 2935 S. Recker Rd
 Gilbert, AZ 85295
 P: (480) 279-7020
 F: (480) 279-7545
 E: SSupport@husd.org

I hereby authorize the release of records for the following student:

<i>Student Name</i>	<i>Date of Birth</i>	<i>Grade</i>
<i>Previous School Name</i>	<i>Address</i>	
<i>Phone Number</i>	<i>Fax Number</i>	

- Official Withdrawal Form
- Standardized State Test Scores
- Gifted Test Scores
- Withdrawal Grades
- Official Student Transcript
- Unofficial Student Transcript
- Attendance Records
- Other: _____

- Birth Certificate
- Health Records
- 504 Plan (if applicable)
- Discipline Records
- Special Education Records
- Home Language Survey
- EL Records

Please mail or fax the requested records to the address checked above. If necessary, please forward this request to the appropriate department for records that are not contained on your campus. Thank you for your prompt consideration.

Signature of Parent/Guardian or School Registrar

Date

THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA) STATES: §99.31 Under what conditions is prior consent not required to disclose information? (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the consent required by §99.30 if the disclosure meets one or more of the following conditions: (1) The disclosure is to other school officials, including teachers, within the agency or institution whom the agency or institution has determined to have legitimate educational interest. (2) The disclosure is, subject to the requirements of §99.34, to officials of another school, school system, or institution of postsecondary education where the student seeks or intends to enroll

1st Request: _____ 2nd Request: _____ 3rd Request: _____ Date Records Received: _____





K-12 Enrollment Packet

Health Information Form

Higley Unified School District #60

Student Name:

Student ID:

Grade:

Birthdate:

HEALTH CONDITIONS

(Check all that apply, (CP) indicates Care Plan needed)

- | | | |
|--|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cancer | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Allergies (Environmental) | <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Allergies (Life threatening) (CP) | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Seizure Disorder (CP) |
| <input type="checkbox"/> Allergies (Bee/insect) | <input type="checkbox"/> Diabetes (CP) | <input type="checkbox"/> Trach/G-Tube/O (CP) |
| <input type="checkbox"/> Asthma (CP) | <input type="checkbox"/> G.I. Disorder | <input type="checkbox"/> Urinary/Kidney |
| <input type="checkbox"/> Blood disorders | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Other _____ (CP) |

Please fully explain any answers checked above:

MEDICATION

Does your child take any medications on a routine basis? Yes No During school hours? Yes No

Name of medication: _____ Purpose of medication: _____

Name of medication: _____ Purpose of medication: _____

Please Note: Medications prescribed to be taken one (1) two (2) and three (3) times a day are not routinely given at school. These medications can usually be given outside of school hours. Exceptions may be made if the District Nurse discusses the need with the licensed healthcare provider and they find this is necessary. Example: Medication must be given at 12pm with food.

Please list any other concerns, surgeries, illnesses, or accidents in the past year: _____

Please contact the school health office if your student has allergies (Anaphylactic), asthma, diabetes, seizures or any other medical conditions that would require a medical plan and to provide medical supplies. Also contact the Health Office for a Medication Consent Form if your student will need to have medication administered at school.

I hereby grant the district staff permission to administer first aid to my child in the event of injury, and seek medical care and/or emergency transport, as deemed necessary. I understand that parents will be notified as soon as possible.

Hearing and vision screenings are given to selected groups of students per Arizona guidelines, preschool K-2, 6th, 9th, special education services and new to district students are screened every year. If you have questions, please contact your child's health office.

If a parent/guardian cannot be reached in case of illness or an emergency situation, emergency contacts will be utilized.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date





K-12 Enrollment Packet

Immunization Acknowledgement

Higley Unified School District #60

Student Name:

Student ID:

Grade:

Birthdate:

Dear Parent/Guardian:

Per board policy JLCB, all students must have proof of adequate immunizations, a state immunization exemption form, or confirmation in writing from your child's licensed health care provider, stating a plan of immunizations. Refer to www.azdhs.gov for Arizona Department of Health requirements and annual updates to comply with Arizona State Law (A.R.S. § 15-872).

All immunization records upon enrollment must be reviewed by the Health Services Department to ensure all state requirements are met. If it is discovered at any time the records are incomplete, you will be notified and given five (5) days to provide the required or missing documentation. If the required documentation is not received within five (5) days of notification from the enrolled school's health office your child will be medically suspended from school. This means the student is removed from school and cannot participate in school activities until adequate documentation is provided.

Your child may return to school once the required documents are provided to the enrolled school. Please contact your school's health office if you have any questions.

By signing this, you understand that Health Services must review all immunization records and that your child will be medically suspended for failure to provide adequate documentation.

Thank You,

Jillian Fulton, MSN, RN, PHN
 Assistant Health Services Director
 Higley Unified School District

 Parent/Guardian Printed Name

 Signature of Parent/Guardian

 Date





K-12 Enrollment Packet

Higley Unified School District Health Protocol

Higley Unified School District #60

Every year, several students become ill for many reasons. To help staff and parents/guardians make decisions about whether students should attend school, we have put together a list of guidelines to help determine when a student should not be in attendance.

- **Diarrhea:** of two (2) or more loose/watery stools in a 24-hour period, students need to stay home until symptom free for 24 hours and be able to consume a regular diet without any problem before returning to school.
- **Earache:** with severe discomfort and/or fever.
- **Eyes:** red, itchy, and purulent draining eyes. If conjunctivitis or “pink eye” is diagnosed, students must be on medication for 24 hours before returning to school.
- **Fever** of 100.4° or higher: Students need to stay home and must be fever-free for 24 hours (without fever-reducing medication) before returning to school.
- **Headache** Prolonged and/or persistent headache that does not resolve.
- **Head Lice** - Active (live): Students must remain at home until treatment with pediculicide. The parent/guardian of the excluded student must accompany the student to the health office to be re-checked. Students will be permitted to attend school when it has been determined that treatment has been initiated and there are no live lice and no nits less than one-fourth (1/4th) inch from the scalp. Immunizations: All students must be up to date on their immunizations to attend school per state laws A.R.S. 15-871-874. If you have questions regarding requirements for your child's age and grade level, please contact your school's health office. Access is available for information regarding FREE immunization clinics at AZ Department of Health Services Website or call the health office and we will send a schedule home with students. Parents: Please make sure to take your students immunizations records with you to the clinic and then bring proof to the health office so we can update the school record.
- **Medications:** Parents: Do not send your student to school with medication of any type. All medications must be checked in through the health office by a parent/guardian. Prescription medications must have a pharmacy label, a health care provider's signature, and the medicine cannot be past the expiration date. Over-the-counter medications must be in the original container. A consent form must be completed for ALL medication. Over the counter medication will not be given the first or last hour of the school day. Please refer to “Medication Policy” for more details.
- **Persistent Cough:** which may interfere with learning.
- **Rash:** students will be sent home, with/without fever and/or signs of illness or behavioral changes. Even non-contagious rash conditions can be a symptom of a health threat, even if it is just unsightly, uncomfortable or itchy. Medical attention may be needed to reduce symptoms or disease risks. A health care provider note will be required to return to school if rash is still present.
- **Skin sores:** on an exposed surface that are discharging fluid and cannot be covered.
- **Sore throat:** with fever and/or white spots on the throat. If strep throat is diagnosed, the student must be on antibiotic treatment and fever-free for 24 hours (without fever-reducing medication) before returning to school.
- **Stomachache:** Prolonged and/or persistent stomachache that does not resolve.
- **Swelling:** or pain at a level that may interfere with learning.
- **Toothache:** with facial swelling and/or fever.
- **Vomiting:** (not caused by motion sickness or a gag reflex unassociated with illness). Students need to remain home until symptom free for at least 24 hours and be able to consume a regular diet without any problem before returning to school.

Parents: If you are contacted because it has been determined your student should not be in school, please make arrangements as soon as possible for them to be picked up to ensure the health and safety of other students.

Please feel free to contact the school health office with any questions.





K-12 Enrollment Packet

Kindergarten Questionnaire

Higley Unified School District #60

Student Name: Student ID: Grade: Birthdate:

SOCIAL EXPERIENCES

- Are there any custody issues of which your child's teacher needs to be aware? Yes No
If yes, please explain: _____
- Has there been a recent divorce, death or illness in the family? Yes No
If yes, please explain: _____
- Has your child attended preschool? Yes No
Name of school: _____ How long? _____
- Does your child play quietly or actively? Quietly Actively
- With whom does your child play? Mark all that apply
 Alone Older children Younger children Children of the same age

DEVELOPMENT

- Does your child have any health problems or allergies? Yes No
If yes, please explain: _____
- Does your child dress themselves? Yes No
- Is your child able to print their first name? Yes No
- Is your child able to print their last name? Yes No
- Is your child able to be in new or strange situations without becoming anxious? Yes No
- Can your child take care of their own toilet needs? Yes No
- What would you say are your child's strengths? _____
- What would you say are your child's weaknesses? _____
- What motivational techniques are successful with your child? _____
- Is your child right or left-handed? Right Left

SCHOOL ADJUSTMENT

- Is your child able to sit still and listen to a story for 10 minutes? Yes No
- Does your child listen without interrupting while someone else talks? Yes No
- Is your child able to share and take turns? Yes No
- Does your child know their phone number? Yes No
- Does your child know their address? Yes No
- What do you expect your child to acquire through the kindergarten experience? _____
- What else would you like your child's teacher to know about your child? _____

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

