

Tempe School District No. 3 • STUDENT REGISTRATION FORM

STUDENT INFORMATION - NAME AS IT APPEARS ON BIRTH CERTIFICATE																					
Student's Last Name			Student's First Name		Student's Middle Name		Jr., III, IV, etc.	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F												
Ethnicity (Mark ONLY ONE) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino			Race (Mark ONE or MORE of the following) <input type="checkbox"/> American Indian or Alaska Native: TRIBE _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White			What language would you prefer school-to-home communication? <input type="checkbox"/> English <input type="checkbox"/> Other: _____															
Last Name Student Goes By (if different from above)					First Name Student Goes By (if different from above)																
Date of Birth (MM/DD/YYYY) / /		Age	Birth City		Birth State		Birth Country														
Name of Previous School Attended			Withdrawal Date / /		Previous School's Address and Phone Number																
Has your child ever been a Tempe Elementary student before, including preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there court orders related to custody? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, court documents must be provided.					Are you currently living in transition (e.g. shelter, motel, doubled up, or in a place inadequate for habitation?) <input type="checkbox"/> Yes <input type="checkbox"/> No																
PARENTS/GUARDIANS - MUST BE LEGAL GUARDIANS - ALL OTHERS SHOULD BE LISTED AS EMERGENCY CONTACT(S) BELOW																					
PRIMARY PARENT/GUARDIAN LIVING WITH STUDENT	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian: (Please provide legal document.) Check if applicable: <input type="checkbox"/> Foster <input type="checkbox"/> Group Home																				
	Last Name				Cell Phone () -																
	First Name				Additional Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work () -																
	Home Address (include City, State, Zip Code)																				
	Mailing Address (if Different)				Email Address																
SECOND PARENT/GUARDIAN	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian: (Please provide legal document.) Check if applicable: <input type="checkbox"/> Foster <input type="checkbox"/> Group Home																				
	Last Name		First Name		Cell Phone () -			Additional Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work () -													
	Home Address (write SAME if same as home address listed above)				Email Address																
					Mailing Address (if Different)																
EMERGENCY CONTACTS: PERSON(S) LISTED BELOW ARE 18 YEARS OF AGE OR OLDER AND HAVE PERMISSION TO PICK UP MY CHILD. STUDENTS WILL NOT BE RELEASED TO ANYONE NOT LISTED AS AN EMERGENCY CONTACT.																					
First & Last Name			Phone		Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other:																
First & Last Name			Phone		Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other:																
First & Last Name			Phone		Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other:																
First & Last Name			Phone		Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other:																
STUDENT BACKGROUND (PLEASE ANSWER ALL)																					
Has your child participated in any of the following programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Special Education/IEP <input type="checkbox"/> Gifted <input type="checkbox"/> Speech/Language <input type="checkbox"/> Section 504 Accommodation <input type="checkbox"/> Other _____																					
Are there psychological reports from student's former school? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever been expelled from another educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your child currently in the process of being expelled from a school? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your child currently under a long-term suspension? <input type="checkbox"/> Yes <input type="checkbox"/> No				PLEASE LIST SIBLINGS <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">First and Last Name</th> <th style="width: 10%;">Age</th> <th style="width: 20%;">School</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td></td><td></td></tr> <tr><td>2. _____</td><td></td><td></td></tr> <tr><td>3. _____</td><td></td><td></td></tr> </tbody> </table>						First and Last Name	Age	School	1. _____			2. _____			3. _____		
First and Last Name	Age	School																			
1. _____																					
2. _____																					
3. _____																					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS ACCURATE AND TRUE. (FALSIFICATION OF INFORMATION IS A CLASS 6 FELONY - A.R.S. § 13-2407.) STUDENT WILL BE WITHDRAWN FOR FALSE INFORMATION.			<div style="display: flex; justify-content: space-between;"> X Parent/Guardian Signature Print Name _____ Date _____ </div>																		
THIS SECTION FOR OFFICE USE ONLY																					
Proof of Birth <input type="checkbox"/> Yes <input type="checkbox"/> No		Entry Code		Enrollment Date / /		School Name															
Proof of Residence <input type="checkbox"/> Yes <input type="checkbox"/> No		Entered Into System By		Sp Ed <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Entered Into System / /		Neighborhood School <input type="checkbox"/> Yes <input type="checkbox"/> No TD3 ID#													



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)*
- _____ 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 residence.



State of Arizona
Affidavit of Shared Residence

Student Name: _____ Parent/Guardian Name: _____

School Name: _____ 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)
- _____ 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

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona, County of _____

The foregoing was acknowledged before me this ____ day of _____, 20 ____

By _____

My Commission Expires: _____ Notary Public _____



STUDENT HEALTH CONDITIONS

Tempe School District No. 3
3205 S. Rural Road • Tempe, Arizona 85282

<p>Student Name _____ Birthdate ____/____/____</p> <p>Age _____ Grade _____</p>	OFFICE USE ONLY
<p>My child has special health conditions/medical diagnosis/health history. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">If Yes, please explain: _____</p> <p>My child has allergies to certain food, insects, medications and/or other. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">If Yes, please explain: _____</p> <p style="margin-left: 40px;">If EpiPen is needed, please bring to the health office.</p> <p>My child carries his/her own emergency medication (inhaler/EpiPen/diabetic medications and monitoring equipment). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">If Yes, please explain: _____</p> <p style="margin-left: 40px;">If Yes, parent must complete permit for self-administration annually.</p> <p>My child is taking medication on a regular basis or receiving regular medical treatments. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">If Yes, please explain: _____</p> <p>My child wears glasses, contact lenses and/or has other vision difficulties. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">If Yes, please explain: _____</p> <p>My child currently has hearing difficulty and/or uses hearing aids/cochlear implant(s). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">If Yes, please explain: _____</p> <p>My child has experienced the following surgeries, serious illnesses or accidents in the past year: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">If Yes, please explain: _____</p> <ul style="list-style-type: none">• I understand if my child needs medication or other health services at school, I must make arrangements with the school health office. All medications must be stored with the school nurse unless the nurse has approved an exception (e.g. EpiPen, inhaler, insulin, glucagon).• I understand that if my child needs a diet modification and monitoring due to a medical condition, I must contact the Nutrition Services Department at 480-642-1541.• I understand Tempe Elementary School District does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school. I understand I may voluntarily purchase a student accident insurance plan.• I understand that in the case of serious injury or illness, my child will be taken to the nearest hospital by ambulance if necessary, and emergency care will be provided there until I can be contacted. I understand that any expense or emergency transportation and/or treatment shall be my sole responsibility.• I understand that it is my responsibility to provide the school with any personal or emergency contact information changes that occur during the school year.	

Parent/Guardian Name(s) - *please print*

Relationship to Child

Parent/Guardian Signature

Date

rev 12/20

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ____child ____child's parent ____child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

Johnson O'Malley (JOM)

INDIAN STUDENT ENROLLMENT CERTIFICATION OF ELIGIBILITY UNDER P.I. 93.638 CRF 273.18 (K). (1)

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH	GRADE	SCHOOL

The student (s) listed above are $\frac{1}{4}$ or more degree Indian Blood.

☐ Yes

☐ No

☐ I don't know

Are the student (s) listed above members of a federally recognized tribe?

☐ Yes

☐ No

☐ I don't know

Tribal Affiliation of	Name of Tribe	Tribal ID Number
Student (s)		
Parent/Legal Guardian		

My signature certifies that the information given is correct and verifies eligibility.

Print Name and Address of Parent/Legal Guardian	Signature of Parent/Legal Guardian (Signature of Student if 18 years old)
	Date:

DO NOT FILL IN BELOW (Space is reserved for the Indian Education Committee)

The above information has been reviewed by the Parent Committee and certifies that the student (s) listed above are:

Eligible to receive JOM program services

☐ Yes

☐ No

Type/Print Name of Indian Education Committee Member Reviewee	Signature of Indian Education Committee Member
	Date:

Instructions

To apply for an entitlement grant under Public Law 93-638, Johnson O'Malley, CFR 25, the Indian Education program applicant must determine the number of eligible American Indian students to be enrolled.

Items 1-4 allows the parent one form for all students in the family/household.

Item 5 provides certification of eligibility by the parent/legal guardian signature.

Items 6-7 are reserved for the Indian Education Committee, who must certify with the applicant the total number of eligible children that are qualified to participate in the program.

Johnson O'Malley, CFR 25, 278.12 Eligible students states:

- Age 3 years through grade(s) 12
- One-fourth (1/4) or more degree American Indian blood.
- Recognized by the Secretary of the Interior as being eligible for Bureau Of Indian Affairs services

You are not required to submit this form. However, if you choose not to submit it, your child cannot be counted for entitlement funding under Johnson O'Malley, CFR 25.



Helping All Children Succeed

Do you have concerns about your child's development or progress in school?

What Is Child Find?

Child find is a component of the Individuals with Disabilities Education Act of 2004 (IDEA '04) that requires states to *locate, identify, and evaluate* all children with disabilities, ages **birth through 21 years**, who are in need of early intervention or special education services. This includes children who are highly mobile, such as migrant or homeless children, children suspected of having a disability even though they are advancing from grade to grade, private school students, and homeschool students. The Arizona initiative for child find is referred to as AZ FIND.

Developmental and Educational Services for Children Ages Birth through 21 Years

Some children have more difficulty learning than others. They may have trouble achieving milestones in one or more of the following developmental or academic areas:

- Vision and Hearing
- Motor Control or Coordination
- Behavior or Social Skills
- Speech or Communication Skills
- Cognitive or Academic Skills

A referral for early intervention or special education services can come from a parent, guardian, foster parent, family member, teacher, counselor, or the student who finds learning difficult. The earlier you express your concerns, the sooner your child's needs will be identified and the sooner he or she will receive the help needed to succeed.

Help for Infants and Toddlers

Children ages **birth to 2 years 10 1/2 months** are screened through the Arizona Early Intervention Program (AzEIP) to determine if early intervention services are needed. Early intervention brings professionals, working in partnership with parents and families of children with special needs, together to support infants' or toddlers' growth, development, and learning. If you have questions about your child's development, an AzEIP specialist will talk with you about your concerns and observe your child. If your child is found eligible, a plan will be designed to include strategies, activities, and supports to achieve desired outcomes related to your child's needs. Make an online referral at www.azed.gov/azeip. For more information, call (602) 532-9960.

Help for Preschool and School-Aged Children

Your local school district, or the charter school your child attends (for school-aged children), screens children ages **2 years 10 1/2 months through 21 years**. Public schools use an informal screening process to check your child's development and academic progress.

- Screening must be completed within 45 calendar days of the date you notify the school of your concerns.
- When a concern is identified through screening procedures, you must be notified within 10 school days and informed of procedures to follow up on your child's needs. For example:
 - Your child may be referred to the school's child study team for pre-intervention services; or,
 - If screening results indicate your child may have a disability, a comprehensive evaluation will be necessary to determine your child's eligibility for special education and related services. A team, of which you will be a member, will meet to begin the process.

Screening and evaluation are free. All information contained in the screening or evaluation is confidential.

Contact your local school district or the charter school your child attends. For children attending private schools, contact the special education department at the school district in which the private school is located. For children who are homeschooled, contact the special education department at the school district of residence.

Be Involved!

Family engagement has a positive influence on your child's academic success and emotional development.

- Set high expectations and establish goals.
- Communicate frequently with teachers to monitor your child's achievements.
- Ask for ideas and materials to help your child learn at home.
- Reward progress and celebrate accomplishments.
- Volunteer for classroom and schoolwide activities.
- Attend community events and workshops that promote learning and social growth.



AZFIND@azed.gov, www.azed.gov/specialeducation/parents, 1-800-352-4558, or 928-637-1871

INFORMATION FOR PARENTS



IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING SITUATIONS:

In a shelter



In a motel or campground due to the lack of an alternative adequate accommodation



In a car, park, abandoned building, or bus or train station



Doubled up with other people due to loss of housing or economic hardship

Your school-age children may qualify for certain rights and protections under the federal McKinney-Vento Act.

Your eligible children have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in school and attend classes while the school gathers needed documents.
- Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is your preference and is feasible.
 - * If the school district believes that the school you select is not in the best interest of your children, then the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.
- Receive transportation to and from the school of origin, if you request this.
- Receive educational services comparable to those provided to other students, according to your children's needs.

If you believe your children may be eligible, contact the local liaison to find out what services and supports may be available. There also may be supports available for your preschool-age children.



Homeless Liaison

Alexis Saspe - Tempe Elementary
(480) 730-7482

State Coordinator

homeless@azed.gov - (602) 542-4963

If you need further assistance with your children's educational needs,
contact the National Center for Homeless Education:

1-800-308-2145 * homeless@serve.org * www.serve.org/nche



Tempe Elementary School District #3
www.tempeschools.org

AUTHORIZATION FOR REQUEST/RELEASE OF STUDENT RECORDS
AUTORIZACIÓN PARA SOLICITAR/LIBERAR LOS EXPEDIENTES ESCOLARES DEL ESTUDIANTE

STUDENT INFORMATION / INFORMACIÓN DEL ESTUDIANTE:

Last Name / Apellidos:	First Name / Nombre:	Middle Name / Segundo Nombre:
Date of Birth / Fecha de Nacimiento:	Current Grade / Grado:	SAIS#:

LAST SCHOOL ATTENDED/STUDENT COMING FROM / ÚLTIMA ESCUELA QUE ASISTIÓ O DE DÓNDE VIENE EL ESTUDIANTE:

FROM / DE	School Name / Nombre de la Escuela:	School District Name / Nombre del Distrito:
	Phone Number / No. de Teléfono:	Fax Number / No. de Fax:
	School Address / Dirección de la Escuela:	Last Date Attended/Date Withdrawn / Último día que asistió o que se dio de baja:

PARENT/GUARDIAN AUTHORIZATION AUTORIZACIÓN DEL PADRE DE FAMILIA O GUARDIÁN:

I hereby authorize the release of my child's information, including all student records indicated below, from the school mentioned above to Tempe Elementary School District #3, as requested below.

Autorizo la liberación de la información de mi hijo, incluyendo todos los documentos indicados abajo, de la escuela mencionada arriba al Distrito Escolar de Tempe No. 3, de acuerdo a lo solicitado abajo.

Parent/Guardian's Name / Nombre del Padre:	Signature / Firma:	Date / Fecha:
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SEND RECORDS TO RECEIVING SCHOOL/STUDENT NOW ENROLLING AT / LOS ARCHIVOS SE ENVIARÁN A:

TO / PARA	School Name / Nombre de la Escuela:	Tempe Elementary School District #3 Distrito Escolar de Tempe No. 3
	School Address / Dirección:	
	Phone Number / No. de Tel.:	Fax Number / No. de Fax:

In order to assist in the provision of an appropriate educational program and in accordance with the Family Educational Rights and Privacy Act of 1974 and Arizona State law, you are hereby notified that Tempe Elementary School District #3 is requesting the following records from the student's former school. Written consent of the parent/guardian is not required to release educational records to officials of other schools. Records may not be disclosed to a third party except as specified by District policy.

RECORDS BEING REQUESTED:

THIS SECTION FOR OFFICE USE ONLY / PARA USO EXCLUSIVO DE LA OFICINA

<input type="checkbox"/> All Records	<input type="checkbox"/> Most Recent Report Card	<input type="checkbox"/> All Report Cards	<input type="checkbox"/> Standardized Test Results	
<input type="checkbox"/> Enrollment Verification/History	<input type="checkbox"/> Attendance	<input type="checkbox"/> Immunizations	<input type="checkbox"/> Health Records	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Behavioral/Disciplinary	<input type="checkbox"/> SPED/IEP Records	<input type="checkbox"/> Other _____		

Please send records by:

<input type="checkbox"/> U.S. Mail (school name and address provided above)	<input type="checkbox"/> Fax (school name and fax number provided above)
<input type="checkbox"/> Email to _____	
<input type="checkbox"/> Other _____	

1 st Request:	2 nd Request:	3 rd Request:
Received:	Filed in CUM:	TD3 Student ID#: