



# Tempe Elementary Schools • STUDENT ENROLLMENT 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
<b>Ethnicity</b> (Mark <b>ONLY ONE</b> ) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <b>NOT</b> Hispanic or Latino		<b>Race</b> (Mark <b>ONE</b> or <b>MORE</b> of the following) <input type="checkbox"/> American Indian or Alaska Native: <b>TRIBE</b> _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <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 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			
Are there court orders related to custody? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, court documents must be provided.							

### PARENTS/GUARDIANS - MUST BE LEGAL GUARDIANS - ALL OTHERS SHOULD BE LISTED AS EMERGENCY CONTACT(S) BELOW

<b>PRIMARY PARENT/GUARDIAN LIVING WITH STUDENT</b>	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Group Home <input type="checkbox"/> Guardian: (Please provide document.)						
	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		

<b>SECOND PARENT/GUARDIAN</b>	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Group Home <input type="checkbox"/> Guardian: (Please provide document.)							
	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)							
	Mailing Address (if Different)				Email Address			

### 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?  Yes  No If yes, check all that apply:  
 Special Education/IEP  Gifted  Speech/Language  Section 504 Accommodation  Other \_\_\_\_\_

Are there psychological reports from student's former school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PLEASE LIST SIBLINGS</b>												
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													
		<table border="1"> <thead> <tr> <th>First and Last Name</th> <th>Age</th> <th>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. **X**

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

### 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?**

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**2. What language does the student speak *most* of the time?**

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**3. What language did the student *first* speak or understand?**

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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: \_\_\_\_\_

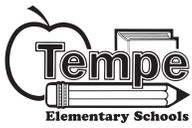
**Acknowledgement**

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

Student Name _____ Birthdate ____/____/____ Age _____ Grade _____	<b>OFFICE USE ONLY</b>  Student # _____
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My child has special health conditions/medical diagnosis/health history.  Yes  No

If Yes, please explain: \_\_\_\_\_

My child has allergies to certain food, insects, medications and/or other.  Yes  No

If Yes, please explain: \_\_\_\_\_

If EpiPen is needed, please bring to the health office.

My child carries his/her own emergency medication (inhaler/EpiPen/diabetic medications and monitoring equipment).  Yes  No

If Yes, please explain: \_\_\_\_\_

If Yes, parent must complete permit for self-administration annually.

My child is taking medication on a regular basis or receiving regular medical treatments.  Yes  No

If Yes, please explain: \_\_\_\_\_

My child wears glasses, contact lenses and/or has other vision difficulties.  Yes  No

If Yes, please explain: \_\_\_\_\_

My child currently has hearing difficulty and/or uses hearing aids/cochlear implant(s).  Yes  No

If Yes, please explain: \_\_\_\_\_

My child has experienced the following surgeries, serious illnesses or accidents in the past year:  Yes  No

If Yes, please explain: \_\_\_\_\_

- 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)

## Student Enrollment/Certification of Eligibility

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

Agencies collecting student information must protect the data in accordance with Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, 34 CFR Part 99

#### Student Information

Student Name:		Date of Birth:
Grade:	School:	District/Tribe:

#### Tribal Information

Affiliated Tribe(s)/Nation(s)/Band(s):	
Enrolled Tribe/Nation/Band:	

Please provide the following Tribal Enrollment information for either the Student **OR** Parent/Grandparent (Check One):

A. Tribal Enrollment ( <b>Student</b> ) <input type="checkbox"/>	B. Link to Descendant ( <b>Parent/Grandparent</b> ) <input type="checkbox"/>
Student Tribal Enrollment Number:	Parent/Grandparent Tribal Enrollment Number:
<b>Please provide proof of enrollment to certify student's eligibility under the Johnson O'Malley Program.</b>	

Eligible to receive JOM program services on verified documents. All student data is being protected IAW FERPA, 20 U.S.C. § 1232g, 34 CFR Part 99

#### 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:			
Address:	City:	State:	Zip:
Phone Number:	Email:		
Signature:		Date:	

# INSTRUCTIONS

All student data must be protected in accordance with

Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, 34 CFR Part 99

To apply for an entitlement grant under 25 CFR Part 273, Public Law 93-638, Johnson O'Malley (JOM) Act, CRF 25, the JOM Indian Education program applicant must determine the number of eligible American Indian/Alaskan Native students to be enrolled.

This form has three items to be completed:

- Item 1: Parent/Legal Guardian lists all information for student enrolling in the JOM program.
- Item 2: Identifies student enrollment/membership through the following steps:
  - a) Student is a member of a tribe.
  - b) Tribe name and enrollment number for descendency of Parent/Grandparent (Living/Deceased).
- Item 3: Parent/Legal Guardian signature certifies listed students are JOM eligible and documentation is available to verify.

## Student Eligibility

Johnson O'Malley, 25 CFR 273.112 25, 278.12 states students must meet the following criteria to be considered eligible for the JOM program:

- Age 3 years through grade 12
- OR an enrolled member\*\* of a federally recognized tribe
- OR descended from one parent/grandparent (living or deceased) who is an enrolled member of a federally recognized tribe.

\* Arizona Dept of Education (ADE) Office of Indian Education requires tribal enrollment documentation to verify (i.e. Certificate of Indian Blood (CIB), Letter of Enrollment, Tribal ID, etc.)

\*\* ADE Office of Indian Education requires tribe member enrollment number to verify

**If you choose to submit this form, your child will be counted for entitlement funding under Johnson O'Malley, 25 CFR, Part 273 CRF 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](http://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.





# Student Residency Questionnaire (SRQ)

Cuestionario de Vivienda del Estudiante  
Programa McKinney-Vento Act

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment. *La información contenida en este formulario es confidencial y se utiliza para determinar si un niño o joven cumple con la definición de persona sin hogar según la Ley McKinney-Vento. El programa de Educación para Niños y Jóvenes sin hogar (EHCY por sus siglas en inglés), según lo autorizado en virtud del Título VII-B de la Ley McKinney-Vento de Asistencia a las Personas sin Hogar (42 U.S.C. 11431 et seq.). Tenga en cuenta que las afirmaciones falsas sobre situaciones de vida pueden afectar la inscripción.*

## Section A / Sección A

Today's date/Fecha: \_\_\_\_\_

Name of individual completing this form/ persona que completa este formulario: \_\_\_\_\_

Your telephone number/ Núm. de tel.: \_\_\_\_\_ Your email address/ correo electrónico: \_\_\_\_\_

Student name/Nombre del Estudiante: \_\_\_\_\_ Birth date/ Fecha de nacimiento: \_\_\_\_\_

Last school attended/ Última escuela a la que asistió: \_\_\_\_\_ Current grade/ grado actual: \_\_\_\_\_

Do you have additional children attending school in our district?/  
¿Tiene otros niños que asisten a alguna escuela del Distrito Escolar? Yes/Sí  No

Do you have children of the preschool age?/ ¿Tiene niños de edad preescolar? Yes/Sí  No

Please provide information about additional children attending school in our district or of preschool age./  
Proporcione información sobre los niños que asisten a la escuela en el Distrito Escolar o de edad preescolar.

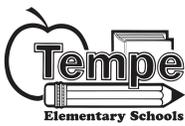
Last Name/ Apellidos	First Name/ Nombre	Grade/ Grado	School/ Escuela	District/Distrito

Address of where the student slept last night/  
Dirección donde durmió el estudiante anoche: \_\_\_\_\_

Is this address based on a temporary living arrangement? Yes/ Sí  No

(Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship, or similar reason; car; park; campsite. / ¿Esta dirección es un Acuerdo de Vivienda Temporal? (Ejemplo: hotel; refugio; vivienda de transición; compartir la vivienda de otros debido a la pérdida de vivienda, dificultades económicas, o motivos similares; automóvil, parque, campamento.)

**NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to Section B.**  
**NOTA: Si marcó "No" al Acuerdo de Vivienda Temporal, NO Continúe en la siguiente sección. Si marcó "Si", por favor continúe con la Sección B.**



# Student Residency Questionnaire (SRQ)

Cuestionario de Vivienda del Estudiante

Programa McKinney-Vento Act

## Section B / Sección B

Name of the parent/guardian/adult caring for the student/

Nombre del Padre/Guardián/Adulto que cuida al estudiante: \_\_\_\_\_

Relationship to the student/ Relación con el estudiante: \_\_\_\_\_

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Si la dirección que proporcionó en la sección A se basa en un acuerdo de vivienda temporal, ¿se debe a la pérdida de vivienda o a dificultades económicas? Yes/ Sí  No

Please place an "X" in each box that best describes where the student sleeps at night./

Por favor marque "X" en cada casilla que describa mejor dónde duerme el estudiante por la noche.

- In a place that does not have windows, doors, running water, heat, electricity, or overcrowded/ En un lugar que no tiene ventanas, puertas, agua corriente, calefacción, electricidad o con gente amontonada
- Staying with a friend or relative because of loss of housing, economic hardship, or similar reason  
(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)/ Quedarse con un amigo o familiar debido a la pérdida de vivienda, dificultades económicas o motivos similares (Ejemplo: desalojo, ejecución hipotecaria, incendio, inundación, pérdida de trabajo, divorcio, violencia doméstica, expulsión de los padres, fuga de casa)  
What date did you begin staying here?/ ¿En qué fecha empezó a quedarse aquí? \_\_\_\_\_
- In a shelter/transitional housing program (name of agency)/ En un programa de refugio/vivienda de transición (nombre de la agencia): \_\_\_\_\_  
What date did you begin staying here?/ ¿En qué fecha empezó a vivir aquí? \_\_\_\_\_
- In an unsheltered location (e.g., tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)/ En un lugar desprotegido (e.g. carpa, vehículo, edificio abandonado, calles, campamento, parque, estación de autobús/tren, o lugar similar)  
Provide the main cross streets of this unsheltered location/  
Proporcione las calles principales transversales de este lugar desprotegido: \_\_\_\_\_
- In a hotel/motel (name of hotel/motel & address)/ En un hotel/motel (nombre del hotel/motel y dirección) \_\_\_\_\_  
\_\_\_\_\_ What date did you begin staying here?/ ¿En qué fecha empezó a hospedarse aquí? \_\_\_\_\_
- With an adult that is not a parent or court appointed legal guardian/ Con un adulto que no sea padre o guardián legal designado por el tribunal
- Alone, not in the care of a parent or court appointed legal guardian/ Solo, sin el cuidado de un padre o guardián legal designado por el tribunal
- None of the above (Please explain)/ Ninguna de las anteriores (Por favor explique): \_\_\_\_\_

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment./ La siguiente firma certifica que la información proporcionada anteriormente es precisa. Las afirmaciones falsas sobre situaciones de vida pueden afectar la inscripción.

Signature of Person Providing Information/ Firma de la persona que proporciona la información  
Parent/Legal guardian/Caregiver/Student/ Padre/Guardián legal/Cuidador/Estudiante

Date/Fecha

## For School Use Only/ Para uso de la escuela solamente

Please note, the student's cumulative file should not include a copy of this form. Do not make copies of this form. If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: \_\_\_\_\_

Date Received by Homeless Liaison: \_\_\_\_\_

Please check the housing types that apply:

- Sheltered  Doubled-up  Unsheltered/FEMA/Substandard  Hotel/Motel   
 Unaccompanied youth: Yes  No  Transportation to school of origin needed: Yes  No



# The Educational Rights of Homeless Children and Youths

The LEA/Charter 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”— 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 designed for or ordinarily used as a regular sleeping accommodation for human beings,
- living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in circumstances described above.

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 the 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 or enroll the child or youth in any public school that non-homeless students who live in the attendance area in which the child or youth is living are eligible to attend. [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. §1432(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 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, and the AZ State ESSA Plan.](#) You may also contact:

<p><b>Tempe School District Homeless Liaison</b>          Alexis Saspe          3205 S. Rural Rd. Tempe AZ 85282          480-730-7482          alexis.saspe@tempeschools.org</p>	<p><b>State Homeless Education Program Coordinator</b>          Arizona Department of Education          1535 W. Jefferson St. Phoenix, AZ 85007          (602) 542-4963          Homeless@azed.gov</p> 
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**AUTHORIZATION FOR REQUEST/RELEASE OF STUDENT RECORDS**  
**AUTORIZACIÓN PARA SOLICITAR/LIBERAR LOS EXPEDIENTES ESCOLARES DEL ESTUDIANTE**

STUDENT INFORMATION / INFORMACIÓN DEL ESTUDIANTE:

Legal 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:

<b>FROM / DE</b>	School Name / Nombre de la Escuela:	School District Name / Nombre del Distrito:
	School Address / Dirección de la Escuela:	
	Phone Number / No. de Teléfono:	Last Date Attended/Date Withdrawn / Último día que asistió o que se le 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, 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, 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:

<b>TO / PARA</b>	School Name / Nombre de la Escuela:	<b>Tempe Elementary Schools</b> <b>Distrito Escolar de Tempe</b>
	School Address / Dirección:	
	Phone Number / No. de Tel.:	Email address/ Correo electrónico:

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 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"/> Email to _____ <input type="checkbox"/> Other _____		
1 <sup>st</sup> Request:	2 <sup>nd</sup> Request:	3 <sup>rd</sup> Request:
Received:	Filed in CUM:	Student ID#: