



# Tolleson Elementary School District

Welcome Center – 9401 W. Garfield • Tolleson, AZ 85353

Phone: (623) 533-3980 ♦ Fax: (623) 533-3918 ♦ Email: wcoffice@tesd17.org

## Enrollment Packet Checklist Page

**You must bring the following documents with you at the time of registration to the Welcome Center. The registration process cannot be completed unless we have all of the following documents:**

- ☼ **Official Birth Certificate** (legal guardianship documents required if applicable)
- ☼ **Immunization Record** (must be current)
- ☼ **Proof of Address** (Current utility bill, rental agreement/mortgage statement, etc. in parent/guardian's name)
- ☼ **Parent/Guardian's Photo ID**
- ☼ **Withdrawal Form & Report Card from Previous School** (if applicable)
- ☼ **IEP** (if your child requires Special Services)



FIRST DAY WEDNESDAY AUGUST 4, 2021

### Forms to Complete and Return:

- |  |  |
|--|--|
| <input type="checkbox"/> Enrollment Form             | <input type="checkbox"/> Special Education Information                         |
| <input type="checkbox"/> Home Language Survey        | <input type="checkbox"/> Transportation Form                                   |
| <input type="checkbox"/> Emergency Information Sheet | <input type="checkbox"/> Student Residency Questionnaire                       |
| <input type="checkbox"/> Health Screening Form       | <input type="checkbox"/> Arizona Residency Documentation Form                  |
|  | <input type="checkbox"/> Request for Student Records/Authorization for Release |

Return enrollment packet with all forms completed and the required documents listed above:

: Via email to [wcoffice@tesd17.org](mailto:wcoffice@tesd17.org)

: In person at our Welcome Center office (623) 533-3980, 9401 W Garfield St. entrance of 95<sup>th</sup> Ave

**Usted debe traer los siguientes documentos el día de la inscripción. El proceso de inscripción no podrá ser completado al menos que tengamos todos los siguientes documentos:**

- ☼ **Acta de Nacimiento Oficial** (Documentos legales de custodia requeridos si aplica)
- ☼ **Tarjeta de vacunas**
- ☼ **Comprobante de domicilio** (Reciente recibo de pago de utilidades, contrato de renta/recibo hipotecario, etc. in el nombre del Padre or guardian legal)
- ☼ **Identificación con foto de los Padres/Guardianes**
- ☼ **Forma de Retiro y/o Boleta de Calificaciones de la Escuela Anterior**
- ☼ **IEP** (Si su hijo/a necesita servicios especiales)



PRIMER DÍA MIÉRCOLES 4 DE AGOSTO DE 2021

### Formas para llenar y regresar

- |  |  |
|--|--|
| <input type="checkbox"/> Forma de Inscripción                | <input type="checkbox"/> Información acerca de Educación Especial                              |
| <input type="checkbox"/> Encuesta de Lenguaje en el Hogar    | <input type="checkbox"/> Forma de Transporte   |
| <input type="checkbox"/> Hoja para información de Emergencia | <input type="checkbox"/> Cuestionario De Residencia De Alumno                                  |
| <input type="checkbox"/> Forma de Salud del Estudiante       | <input type="checkbox"/> Forma de Residencia y Documentación en Arizona                        |
|  | <input type="checkbox"/> Autorización para solicitar información en los records del estudiante |

Paquete de inscripción debe ser devuelto con todas las formas completas y los documentos requeridos de la lista previa.

: Por correo electrónico a [wcoffice@tesd17.org](mailto:wcoffice@tesd17.org)

: En persona en la oficina del Centro de Bienvenida (623) 533-3980, 9401 W Garfield St. entrada de 95<sup>th</sup> Ave



## Tolleson Elementary School District 2025-2026 School Year Student Enrollment Form

School:  Arizona Desert  Desert Oasis  P.H. Gonzales  Sheely Farms

Student Information- Please Print						
Student Legal Last Name		Student Legal First Name		Middle Name		Suffix Jr etc.
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	US, State of Birth	Country of Birth If not USA	If your child was born outside the U.S. on what date did your child <b>first enter school</b> in the U.S.?	
Ethnicity: <b>(Required)</b> <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Not Hispanic/Latino			Race: <b>(Check ALL that Apply)</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaska Native-tribal name; _____ <input type="checkbox"/> Native Hawaiian or other Pacific Islander			
Home Residence Address:				City	Zip	
Mailing Address (if different from above)				City	Zip	
Primary Contact Phone Number for school communication: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Text Messaging Allowed						
Parent/Guardian Information-Must be listed on birth certificate or legal custody documentation. (Parent/Guardian is responsible for providing any and all court documentation pertaining to legal custody of student if any)						
Parent/Guardian Name (First, Last):			Parent/Guardian Relation:		Student Lives with: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Secondary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			Email Address:	
<input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release to <input type="checkbox"/> Text Messaging Allowed <input type="checkbox"/> Military Services: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Active <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran						
Parent/Guardian Name (First, Last):			Parent/Guardian Relation:		Student Lives with: <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Secondary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			Email Address:	
<input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release to <input type="checkbox"/> Text Messaging Allowed Military Services: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Active <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran						
Siblings in household: Name: _____ Age: _____		Name: _____ Age: _____		Name: _____ Age: _____		
Under 18 years: Name _____		Age: _____		Name: _____		Age: _____
Student Previous School Information						
Last School Attended:			District:		City:	State
If the last school was out of state/country has child <u>ever</u> attended school in AZ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes in what year?						
Has your child <u>ever been</u> enrolled in Tolleson Elementary School District: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes in what year?						
Has your child ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes at what grade level & school?						
Please provide us with the following required information to better serve your student:						
Has your child been Long-term Suspended or Expelled <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:						
Does your child have an IEP, receives Special Ed Services <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your child been identified as Gifted? <input type="checkbox"/> Yes <input type="checkbox"/> No		At Previous School was Student in ELL Classes? <input type="checkbox"/> Yes <input type="checkbox"/> No
By signing or typing in my name below: I hereby certify that I am the child's parent or legal guardian and that the information I have given above is true and accurate. I understand it is my responsibility to notify the school in writing of any changes. Also, by providing my phone number and email address I'm opting into school notifications and that I may unsubscribe from critical school notifications at any time during the school year.						
<b>Signature of Parent/Guardian:</b>				<b>Date:</b>		

### Official use only

Birth Certif.	Proof Res.	Immuniz.	WD Form/RC	Parent ID	ELL 70 Y N	Trans Req Y N	McK. Vento Y N	Group Home Y N	Foster Home Y N	Img/Ref/M Y N
<b>PHLOTE ANSWER: ENGLISH OR NON-ENGLISH</b>										
Enter Date	Enter Code	Grade	SAIS #	School ID	CTDS	Date Entered Synergy	Initials			
					070417000					

Docs: Sent out: \_\_\_\_\_ Transp: \_\_\_\_\_ ELL 70: \_\_\_\_\_ Special Ed \_\_\_\_\_ Gifted: \_\_\_\_\_ McK Vento: \_\_\_\_\_ Lunch: \_\_\_\_\_ Rec Req. \_\_\_\_\_

Early Kinder Acceptance Approved Y / N Letter Attached Y / N Date: \_\_\_\_\_ PS 4 Day \_\_\_\_\_



**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 \_\_\_\_\_ Tolleson Elementary School District #17

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)



School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Teacher: \_\_\_\_\_

**TOLLESON ELEMENTARY SCHOOL DISTRICT No. 17**

**EMERGENCY INFORMATION FORM**

SCHOOL YEAR 2025\*2026

Student's Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother or Guardian \_\_\_\_\_ Father or Guardian \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Main Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone : \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Guardian's relationship to student: \_\_\_\_\_ Guardian's relationship to student: \_\_\_\_\_

Is Student in Foster Care: Yes  No

**Are there any Custody Concerns the school needs to be informed on?**  Yes  No —If Yes: Parent/Guardian is responsible for providing Tolleson Elementary School District with the necessary legal custody papers.

**In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person (s) to pick up my child.**

Relation: \_\_\_\_\_ Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relation: \_\_\_\_\_ Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relation: \_\_\_\_\_ Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relation: \_\_\_\_\_ Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**If Medical Care is Necessary, Call:**

**DOCTOR:** \_\_\_\_\_  
Name Phone Address City State Zip

**HOSPITAL:** \_\_\_\_\_  
Name Phone Address City State Zip

Does your child have insurance coverage?  YES or  NO Name of Insurance Company: \_\_\_\_\_

*In case of accident or illness, I request the school to contact me. If the school is unable to reach me or the emergency contacts listed, I hereby authorize the school to call the doctor indicated above and to follow his instructions. If it is impossible to contact the doctor, the school may make whatever arrangements seem necessary.*

*By signing and/or typing my name below, I hereby give authority to any hospital or doctor to render immediate aid to my child as might be required at the time for his/her health and safety. It is understood by me that the expenses for this service will be accepted by me.*

**This Emergency Information Form is accurate and complete, and was provided by:**

\_\_\_\_\_  
**Parent of Guardian Signature**

\_\_\_\_\_  
**Date**



# TOLLESON ELEMENTARY SCHOOL DISTRICT No. 17

## STUDENT HEALTH SCREENING

### Request for administration of prescription or over the counter medication at school

Please complete and return this form to the school Health Office.

School Year: 20 - 20

[ ] AZ Desert [ ] Desert Oasis [ ] P.H. Gonzales [ ] Sheely Farms

Written permission is necessary before medication can be given to your child. If written permission is not available, then verbal permission may be obtained for each episode. Written permission is valid only for the current school year. If you have any questions regarding this please contact the Health Office of your child's school. Students who need to have access to prescription or over the counter medication in school must leave it with the health office along with the parent/guardian signed medication administration form. Medication must be in its original container with written directions from prescribing physician concerning medication's use and administration.

**Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

Legal First Name	Legal Middle	Legal Last Name	Date of Birth

Does your child have a hearing problem?	Yes	No
Does your child wear prescription glasses?	Yes	No
Does your child have a speech problem?	Yes	No
Your child's vision and hearing may be tested this year, if you don't want it to be tested please notify the school in writing.		
Please specify any chronic health problems:		
Is your child on daily medications or other medical treatments?		
Has your child had any surgery, accidents or illnesses within the past year?		
Is your child susceptible to infections and if so, what precautions need to be taken?		
Is your child subject to convulsions and what should be our procedure if one occurs?		
Any other health related issues you want to make the school aware of?		
Is your child allergic to food or other substances?	Yes	No
List allergies here:		

**Please indicate which of the following medications may be administered to your child for minor injuries or sickness:**

Acetaminophen (Tylenol) (headache/menstrual cramps, etc)	Yes	No	Ibuprofen/Advil/Motrin (headache/menstrual cramps, etc)	Yes	No
Eye drops/Eye Wash (wash away foreign object in eyes/burning)	Yes	No	Anti-itch Cream/Hydrocortisone cream (insect bite/itching/rash)	Yes	No
Antibiotic Ointment (cut/abrasion)	Yes	No	Throat Lozenge (sore throat)	Yes	No
Topical Anesthetic (burn/abrasion)	Yes	No	Cough drops (cough)	Yes	No
Antacid/Tums/Pepto Bismol (upset stomach)	Yes	No	Benadryl (allergic reaction)	Yes	No

**I understand that it is my responsibility to notify School Health Office of any changes to my child's health.**

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)



## Special Education Information

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Was your child receiving Special Education services at his/her previous school?  Yes, please complete the remainder of this form.

No, please continue to the next page.

Please select the appropriate Special Education category:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Autism                       | <input type="checkbox"/> Developmental Delay                              | <input type="checkbox"/> Emotional Disability             |
| <input type="checkbox"/> Hearing Impaired             | <input type="checkbox"/> Multiple Disabilities- Severe Sensory Impairment |   |
| <input type="checkbox"/> Multiple Disabilities        | <input type="checkbox"/> Mild Intellectual Disability                     | <input type="checkbox"/> Moderate Intellectual Disability |
| <input type="checkbox"/> Other Health Impairment      | <input type="checkbox"/> Orthopedic Impairment                            | <input type="checkbox"/> Severe Intellectual Disability   |
| <input type="checkbox"/> Specific Learning Disability |   | <input type="checkbox"/> Speech/ Language Impairment      |
| <input type="checkbox"/> Traumatic Brain injury       |   | <input type="checkbox"/> Visual Impairment                |

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Students Date of Birth: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Address of School (if Known) \_\_\_\_\_

School District of Previous School: \_\_\_\_\_

Phone Number of Previous School: \_\_\_\_\_

Name of student's last teacher: \_\_\_\_\_

Do you have a copy of the current IEP?:  Yes  No

Do you have a copy of the current Psych educational Evaluation?  Yes  No

If you have copies of the current IEP and Psych educational Evaluation, please provide a copy to the Special Education Services located in the District Office or the Welcome Center. For confidential purposes, please enclose the copies on a manila envelope.

Thank you for your cooperation.



# TESD Transportation Form



Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Home address \_\_\_\_\_  
(as on enrollment form and Proof of Address)

Select Attending School:  Arizona Desert  Desert Oasis  PH Gonzales  Sheely Farms

1. Is the student above on an open enrollment?  YES (go to Question 4)  
*Lives outside district/school boundaries. If unsure, please verify with your school office.*  NO (go to Question 2)

2. Is your child in grade Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> grade? Or Is your child's attending their home school Sheely Farms and you reside at the Meritum Sheely Apartments, Yardly McDowell Homes or Red Hawk apartments?  
 YES (go to Question 3)  NO to all of above (go to Question 4)

3. Per the questions above your child qualifies for Bus transportation to and from school from TESD.  
Do you request bus transportation for the above child for a bus stop per the address above?  YES, fill out request info  
 NO (go to Question 4)

**The Transportation Department will determine your child's bus stop location. You will be contacted with the time and location, by the school within 2-3 business days. Pick-up and Drop-off location must be assigned to the same bus stop location, and bus stops may not alter during the week. Student transportation services are a privilege and not a right. TESD may withdraw bus riding privileges to any student that fails to follow the Bus Rules or follow direction of the Bus Driver or other adult supervisor. *Parent/Guardian required at Bus drop off for ALL special education, pre-school & kinder students.***

*Transportation Request:*

Parent/Guardian Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Student Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

List Siblings that will ride same bus: \_\_\_\_\_

**4. Parent/Guardian responsible for child's transportation to and from school:**

Student's **A.M.** transportation:

- Walks / Rides bike (with: \_\_\_\_\_)
- Parent/Guardian drop-off
- Rides childcare bus (provide name): \_\_\_\_\_
- Other (describe): \_\_\_\_\_

Student's **P.M.** transportation:

- Walks / Rides Bike (with: \_\_\_\_\_)
- Parent/Guardian pick up
- Attends after school program
- Boys and Girls Club Bus (approval by office required)
- Rides child care bus (provide name): \_\_\_\_\_
- Other (describe): \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Office use:*

WC - Student Start Date: \_\_\_\_\_ Sent to Trans: \_\_\_\_\_ MKV: \_\_\_\_\_

Trans.- Routing Completed & sent to School: \_\_\_\_\_ Bus Driver: \_\_\_\_\_

Date Transportation to Start: \_\_\_\_\_ am or pm

Bus \_\_\_\_\_ Pick-up time: \_\_\_\_\_ Pick up & Drop of Location: \_\_\_\_\_

Bus \_\_\_\_\_ Drop-off time: \_\_\_\_\_

School- Date Parent contacted: \_\_\_\_\_ By: \_\_\_\_\_ Note: \_\_\_\_\_



# **TOLLESON ELEMENTARY STUDENT RESIDENCY QUESTIONNAIRE**

*(Please assist students and families fill out this form)*

Name of School \_\_\_\_\_

Name of Student \_\_\_\_\_

Last

First

Middle

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_\_ Sex: Male\_\_ Female\_\_

1. Is the student or has the Student ever been under refugee status? Yes\_\_\_\_No\_\_\_\_

If yes, Country: \_\_\_\_\_ Effective Date: \_\_\_\_\_

2. Was student born outside of the U.S.? Yes \_\_\_\_ No \_\_\_\_

If yes, Country: \_\_\_\_\_

3. Is Student in Foster Care: Yes \_\_\_\_ No \_\_\_\_

*This form is intended to address the requirements of the McKinney-Vento Act 42 U.S.C 11435.*

*The answers to this residency information help determine the services the student may be eligible to receive.*

1. Is your current address a temporary living arrangement? Yes \_\_\_\_ No \_\_\_\_

2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes \_\_\_\_ No \_\_\_\_

*If you answered YES to the above questions, please complete the remainder of this form.*

*If you answered No, you may stop here.*

### **Where is the student presently living? (Please check one box.)**

In a shelter Name/Address \_\_\_\_\_

With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)

*How long have you shared residency at the same address with the same people?* \_\_\_\_\_

*Do you need to vacate this residence in the next 6 months?* \_\_\_\_\_

In a hotel/motel Name/Address \_\_\_\_\_

In a place not designed for ordinary sleeping accommodations such as a car, park, bus, campsite, or building without electricity.

Other temporary living situation (Please describe): \_\_\_\_\_

In permanent housing

### **Migrant Survey**

Was the primary purpose of the move to obtain (or try to obtain) work that is temporary or seasonal, in agricultural activities including dairy work?

Yes

No

Was agricultural work a primary means of livelihood for the worker and his/her family?

Yes

No

Print Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



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

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_ Tolleson Elementary School District #17 \_\_\_\_\_

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
- \_\_\_ Real estate deed or mortgage documents
- \_\_\_ Property tax bill
- \_\_\_ Residential lease or rental agreement
- \_\_\_ Water, electricity, gas, cable, or phone bill
- \_\_\_ Bank or credit card statement
- \_\_\_ W-2 wage statement
- \_\_\_ Payroll stub
- \_\_\_ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
  
- \_\_\_ 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.



# Tolleson Elementary School District Request For Student Records

- Arizona Desert ELEM.
- Desert Oasis ELEM.
- P.H. Gonzales ELEM.
- Sheely Farms ELEM.

**SEND RECORDS TO: T.E.S.D Welcome Center**

9401 W Garfield St Tolleson, Arizona 85353  
Phone: (623) 533-3980 **Fax: (623) 533-3918**  
email: wcoffice@tesd.k12.az.us

Date \_\_\_\_\_

\_\_\_\_\_  
 Name of Previous School *(last school attended)*    Address *(last school)*    City    State    Zip Code

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

## PARENT AUTHORIZATION FOR RELEASE OF RECORDS

In accordance with Arizona Revised Statute 15-828, I authorize the release of all records, including birth certificate, academic (educational) medical (health), psychological, special education, social developmental, and gifted information, regarding the following pupil:

Students name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Students name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Students name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Students name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

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

Below Office use only:

**Please forward the following cumulative information/records for the student(s) named above:**

- |   |  |
|---|--|
| _____ Birth Certificate                         | <u>  X  </u> Test Scores                   |
| _____ Immunization Records                      | <u>  X  </u> English Language Scores (ELL) |
| _____ Withdrawal Form                           | <u>  X  </u> Discipline Records            |
| _____ Report Card                               | <u>  X  </u> Gifted Records                |
| _____ MOWR Status <i>(move on with reading)</i> | <u>  X  </u> All Academic Records          |

**Send records to: Fax: (623) 533-3918, Email: [wcoffice@tesd.k12.az.us](mailto:wcoffice@tesd.k12.az.us) OR  
Mail: T.E.S.D Welcome Center 9401 W Garfield St Tolleson, AZ 85353**

1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_ 3<sup>rd</sup> Request \_\_\_\_\_