

*For Office Use Only*

Student ID #:

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
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SSID #:

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

**School Information**

☐ First Enrollment ☐ Re-Enrollment

Last school attended:

Enrollment dates:

Grade level:

Cohort:

Entry Code:

Student Start Date:

Open Enrollment: Yes ☐ No ☐

Home School:

Entered into SIS by:

Date Entered into SIS:

High School:

☐ Cibola ☐ Gila Ridge ☐ Kofa ☐ San Luis ☐ Somerton ☐ Vista ☐ Yuma

**Student Information- Must be listed on Birth Certificate, Baptismal, Affidavit or Legal Custody Documentation**

Gender: ☐ Male ☐ Female

Grade Level: ☐ 9 ☐ 10 ☐ 11 ☐ 12

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal **Last** Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Legal **First** Name: \_\_\_\_\_

Legal **Middle** Name: \_\_\_\_\_

Proof of Age: ☐ Birth Certificate ☐ Baptismal Certificate ☐ Other \_\_\_\_\_

Country of Birth: ☐ USA State of Birth: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Number of Years attended school in the USA: \_\_\_\_\_

Ethnicity: (Choose only ONE) ☐ Hispanic or Latino - ☐ NOT Hispanic or Latino

Race: (Choose all that apply)

☐ White - ☐ Black - ☐ Native Hawaiian or other Pacific Islander - ☐ Asian

☐ American Indian or Alaska Native Tribal Affiliation: \_\_\_\_\_

Potential NCAA Athlete: ☐ Yes - Sport: \_\_\_\_\_ ☐ No

Student Living with: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Guardian ☐ Foster ☐ Other \_\_\_\_\_

**Home Address**

Street: \_\_\_\_\_ Apt./Space: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If different from above:

Mailing Address: \_\_\_\_\_ Apt./Space: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Last School Attended**

| Name of School | Address | City | State | Zip |
|----------------|---------|------|-------|-----|
|----------------|---------|------|-------|-----|

**Primary Home Language (PHLOTE) – Select One (1) Language per Question**

1. What is the primary language used in the home regardless of the language spoken by the students? ☐ English ☐ Spanish ☐ Other \_\_\_\_\_

2. What is the language most often spoken by the student? ☐ English ☐ Spanish ☐ Other \_\_\_\_\_

3. What is the language that the student first acquired? ☐ English ☐ Spanish ☐ Other \_\_\_\_\_

**(Primary Parent 1) Parent/Guardian Information- Must be listed on Birth Certificate or Other Documentation**

Relationship: \_\_\_\_\_ Lives with Student: ☐ Yes ☐ No  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Correspondence Language: ☐ English ☐ Spanish ☐ Other \_\_\_\_\_ Birthdate: \_\_\_\_\_  
If different from student, list Home Address of Parent/Guardian.

**Home Address****Mailing Address** ☐ Check here if same as Home Address

Street: \_\_\_\_\_ Apt.Space: \_\_\_\_\_ Street: \_\_\_\_\_ Apt.Space: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Occupation Information**

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Military/Impact Aid Information****Active Duty Military Service***Is parent/guardian active duty military?* ☐ Yes\* ☐ No

\*If "Yes," Please complete the following:

Name as it appears on payroll:

Branch:

Rank

Name of Federal Property:

Address of Federal Property:

City, State, Zip:

**Civilian Employee***Does civilian parent/guardian live or work on a military or federal installation?*☐ Yes\* ☐ No

\*If "Yes," Please complete the following:

Name as it appears on payroll:

Job Title:

Name of Federal Property:

Address of Federal Property:

City, State, Zip:

**(Primary Parent 2) Parent/Guardian Information- Must be listed on Birth Certificate or Other Documentation**

Relationship: \_\_\_\_\_ Lives with Student: ☐ Yes ☐ No  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Correspondence Language: ☐ English ☐ Spanish ☐ Other \_\_\_\_\_ Birthdate: \_\_\_\_\_  
If different from student, list Home/Mailing Address of Parent/Guardian.

**Home Address****Mailing Address** ☐ Check here if same as Home Address.

Street: \_\_\_\_\_ Apt.Space: \_\_\_\_\_ Street: \_\_\_\_\_ Apt.Space: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Occupation Information**

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Military/Impact Aid Information****Active Duty Military Service***Is parent/guardian active duty military?* ☐ Yes\* ☐ No

\*If "Yes," Please complete the following:

Name as it appears on payroll:

Branch:

Rank

Name of Federal Property:

Address of Federal Property:

City, State, Zip:

**Civilian Employee***Does civilian parent/guardian live or work on a military or federal installation?*☐ Yes\* ☐ No

\*If "Yes," Please complete the following:

Name as it appears on payroll:

Job Title:

Name of Federal Property:

Address of Federal Property:

City, State, Zip:

**(Additional) Parent/Guardian Information**

Relationship: \_\_\_\_\_ Lives with Student: ☐ Yes ☐ No  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Correspondence Language: ☐ English ☐ Spanish ☐ Other \_\_\_\_\_ Birthdate: \_\_\_\_\_  
If different from student, list Home/Mailing Address of Parent/Guardian.

**Home Address****Mailing Address** ☐ Check here if same as Home Address.

Street: \_\_\_\_\_ Apt.Space: \_\_\_\_\_ Street: \_\_\_\_\_ Apt.Space: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Occupation Information**

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Military/Impact Aid Information****Active Duty Military Service**

Is parent/guardian active duty military? ☐ Yes\* ☐ No

\*If "Yes," Please complete the following:

Name as it appears on payroll:

Branch:

Rank

Name of Federal Property:

Address of Federal Property:

City, State, Zip:

**Civilian Employee**

Does civilian parent/guardian live or work on a military or federal installation?

☐ Yes\* ☐ No

\*If "Yes," Please complete the following:

Name as it appears on payroll:

Job Title:

Name of Federal Property:

Address of Federal Property:

City, State, Zip:

**Legal Documents**

Please mark any items that apply to this student and provide the school with copies of related court documents.

|                                                                                                                                                                                           |                  |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|
| <input type="checkbox"/> Custody parenting time agreement                                                                                                                                 | Effective: _____ | Expires: _____ |
| <input type="checkbox"/> Letters of guardianship for court-appointed guardian                                                                                                             | Effective: _____ | Expires: _____ |
| <input type="checkbox"/> Student has an order of protection against/from another person                                                                                                   | Effective: _____ | Expires: _____ |
| <input type="checkbox"/> Student has an injunction against harassment against/from another person                                                                                         | Effective: _____ | Expires: _____ |
| <input type="checkbox"/> Legal custody of student <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Joint <input type="checkbox"/> Other |                  |                |

**Emergency Contacts**

| Contact Order | Person other than Parent/Guardian <b><u>Must provide at least one</u></b>                           |               |
|---------------|-----------------------------------------------------------------------------------------------------|---------------|
| 1             | Contact Name:                                                                                       | Relationship: |
|               | Primary Number:                                                                                     | Work Number:  |
|               | Is this person allowed to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No |               |
| 2             | Contact Name:                                                                                       | Relationship: |
|               | Primary Number:                                                                                     | Work Number:  |
|               | Is this person allowed to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No |               |
| 3             | Contact Name:                                                                                       | Relationship: |
|               | Primary Number:                                                                                     | Work Number:  |
|               | Is this person allowed to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No |               |

**Siblings**

| Sibling First/Last Name | Grade | School Attending |
|-------------------------|-------|------------------|
|                         |       |                  |
|                         |       |                  |
|                         |       |                  |
|                         |       |                  |
|                         |       |                  |

**Student Programs**

Has the student ever been or currently enrolled in any of the following programs: Please provide supporting documentation.

☐ Special Education Program/IEP    ☐ 504 Plan    ☐ EL or Bilingual Program    ☐ Gifted

Where? (School Name) \_\_\_\_\_ When? (Year/Grade) \_\_\_\_\_

Has the student previously qualified under the McKinney-Vento Act (homeless)?    ☐ Yes    ☐ No

Is the student currently on probation?    ☐ Yes    ☐ No

**Migrant**

Is the student currently a qualified Migrant Student?    ☐ Yes    ☐ No

Has the student's family moved in the last 3 years to seek seasonal/ temporary agricultural work?    ☐ Yes    ☐ No

Is the student a dependent of a parent or guardian who is a seasonal/ temporary agricultural worker?    ☐ Yes    ☐ No

**Discipline**

Has this student ever been suspended from school?    ☐ Yes    ☐ No    If Yes, Date, Reason, School/District

\_\_\_\_\_  
\_\_\_\_\_

Has this student ever been expelled from school?    ☐ Yes    ☐ No    If Yes, Date, Reason, School/District

\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that I am the legal parent or guardian for this student and the information that I have provided is accurate and true.**

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

**For Office Use Only**☐ **Checklist**

- ☐ Parent/Guardian ID
- ☐ Birth Certificate
- ☐ Immunization
- ☐ Home Language Form
- ☐ Opt Out Form
- ☐ Migrant
- ☐ Proof of Residency
- ☐ Request for Student Records from Prior School

**Office Notes:**

\_\_\_\_\_  
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**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 residency.



**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?**

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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)



## Opt-Out Form for High School Students

5-303.B

School Year \_\_\_\_ - \_\_\_\_

Student Name: \_\_\_\_\_ Perm ID: \_\_\_\_\_ Grade: \_\_\_\_\_

### DISTRICT AND NEWS MEDIA

Your child may be interviewed, photographed, or audio - or video-recorded by the news media, district staff, or agents of the district for print, radio, television, internet content or any other medium which may be used for sports programs, music or drama presentations, commencement, news releases, applications for scholarships or awards, or other publicity about officially recognized school activities, unless you direct otherwise by checking the appropriate boxes below:

- ☐ **I DO NOT** want district staff to interview, photograph, or audio/video record my child for any noneducational purpose.
- ☐ **I DO NOT** want the news media to interview, photograph, or audio/video record my child for any purpose.

### DIRECTORY INFORMATION

In certain limited circumstances, the District may disclose *directory information*. This includes: a student's name, address, telephone number, email address, photograph, date and place of birth, major field of study, dates of attendance, grade level, participation in officially recognized activities and sports, weight and height of athletic team members, degrees, honors, and awards received, and the most recent educational agency or institution attended. Directory information also includes a student ID number, user ID, or other unique personal identifier used to communicate in electronic systems, but only if the identifier cannot be used to access education records—except when used in combination with one or more factors that authenticate the user's identity, such as a PIN, password, or other factor known or possessed only by the authorized user. Additionally, a student ID number or unique personal identifier displayed on a student ID badge is considered directory information, but again, only if it cannot be used to access education records without authentication through other secure means.

The District will only share directory information under the following conditions:

1. The request comes from a post-secondary institution (e.g., a college or university),
2. The request is made by law enforcement or the Department of Child Safety, or
3. The information is needed by a school-approved vendor to provide an educational service, such as class photos or yearbooks.

This information may only be disclosed when:

1. Required by state or federal law;
2. The District has obtained affirmative written consent from the parent/legal guardian/eligible student, or;
3. The parent/legal guardian, or eligible student, has not opted out, and the disclosure is made for an educational purpose or to school employees for school business.

The district may release a high school student's name, address, and telephone number to military recruiters, unless you direct otherwise. Under no circumstances will the district provide directory information to a person or entity for a mass-marketing purpose. Your child's directory information will be released as described above, unless you direct otherwise by checking the box below:

- ☐ **I DO NOT consent** to the disclosure of my child's directory information. *I understand that by selecting this option, my child's name, photo, and other directory information will be excluded from the yearbook, newsletters, event programs, and other school or district publications.*
- ☐ **I DO consent** to the disclosure of my child's directory information. *I understand that my child's directory information may be shared in limited, school-related situations as described above.*

**REQUESTS BY MILITARY RECRUITERS**

The district may release a high school student's name, address, and telephone number to military recruiters, unless you direct otherwise by checking the box below:

☐ **I DO NOT** want my child's name, address, and telephone number provided to military recruiters.

**PLEASE NOTE**

- You may opt out of district and news media coverage, directory information releases, or requests by military recruiters by submitting this completed form to the school within 15 business days from the date of issuance of this notice.
- This form must be resubmitted at the beginning of each school year.

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Parent Name (Please Print)

---

Parent Signature

---

Date



## Medical History/Consent Form

5-404

School Year: \_\_\_\_\_ School: \_\_\_\_\_

### Emergency Information

|                                                                                                                                                              |             |              |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|-----------|
| Student name: _____                                                                                                                                          | DOB: _____  | Grade: _____ | ID# _____ |
| Parent Name: _____                                                                                                                                           |             | Ph#: _____   |           |
| Ph#2: _____                                                                                                                                                  | Email _____ |              |           |
| Emergency Contact #1: _____                                                                                                                                  |             | Ph#: _____   |           |
| Emergency Contact #2: _____                                                                                                                                  |             | Ph#: _____   |           |
| Doctor Name: _____                                                                                                                                           |             | Ph# _____    |           |
| <p>❖ I _____ authorize the school nurse to contact my child's healthcare provider to discuss any medical-related conditions I may indicate on this form.</p> |             |              |           |

### Health History

- Please "check (X)" any of the following Health Conditions if it pertains to your child:

|                                                                                                            |                                                                                                         |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Allergies &amp; Reactions:</b> _____<br>• EpiPen:      Yes      No             | <input type="checkbox"/> <b>Daily Medications</b><br>Please List: _____                                 |
| <input type="checkbox"/> <b>Asthma inhaler:</b> Yes      No                                                | <input type="checkbox"/> <b>Depression/ Anxiety</b>                                                     |
| <input type="checkbox"/> <b>Diabetes: Type I or Type 2</b><br>Continuous Glucose Monitor:      Yes      No | <input type="checkbox"/> <b>Other Recent or Chronic Illness/Condition/Surgery</b><br>Please List: _____ |
| <input type="checkbox"/> <b>Seizures:</b> Rescue Meds:      Yes      No                                    | <input type="checkbox"/> <b>Autism</b>                                                                  |
| <input type="checkbox"/> <b>Concussion/Traumatic Brain Injury (within a year)</b>                          | <input type="checkbox"/> <b>Wear Glasses or Contacts</b>                                                |
| <input type="checkbox"/> <b>Migraines/ Frequent Headaches</b>                                              | <input type="checkbox"/> <b>Hearing Loss, check:</b> Right      Left      Both                          |
| <input type="checkbox"/> <b>ADHD/ ADD</b>                                                                  | <input type="checkbox"/> Had <b>Chronic Illness Form</b> for previous school year                       |

### Over The Counter (OTC) medication

- At the RN's discretion and following district policy, OTC medication may be administered to treat your child. Please check **Yes** or **No** for the following:

|                            |                            |                           |
|----------------------------|----------------------------|---------------------------|
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Ibuprofen (Advil, Motrin) |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Acetaminophen (Tylenol)   |

|                            |                            |                               |
|----------------------------|----------------------------|-------------------------------|
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Antibiotic Ointment           |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | Benadryl Oral/ Benadryl Cream |

\*Additional OTC medication may also be administered, such as antacid, cough drops, Orajel, and eye drops.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

❖ Nurse Notes:



## Alternative Form for Income-based Eligibility

The Arizona Department of Education provides the following Fiscal Year 2026 Income Guidelines for determining income eligibility for a variety of federal funding programs. This form should be utilized as an alternative means to collect income eligibility information from the student's household and organizations should retain completed forms for a period of five years.

**Definition of Income:** all items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, social security, retirement benefits unemployment compensation, worker's compensation, aid for dependent children, alimony, child support, pensions, insurance, or annuity payments, etc.

**Exclusion:** the value of meals, milk, or EBT benefits to children shall NOT be considered income in the household. Is your household at or below the current income guidelines based on the attached Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act Income Eligibility Guidelines schedule?

|                                                   |                          |
|---------------------------------------------------|--------------------------|
| Yes, Income Eligibility 1 (Indicator 1 in AzEDS): | <input type="checkbox"/> |
| Yes, Income Eligibility 2 (Indicator 2 in AzEDS): | <input type="checkbox"/> |
| No:                                               | <input type="checkbox"/> |

Eligibility status is only recognized from the date of the signature until the end of the respective school year.

I hereby certify that all the above information is true and correct:

Parent/Guardian Signature

Date

Grade:

Last:

First:

ID:



# Academic Achievement

## Income Eligibility Guidelines: July 1, 2025 – June 30, 2026

### Income Eligibility 1 HOW OFTEN INCOME WAS RECEIVED

| Family Size:                         | Yearly   | Monthly | 2 x Month<br>(Bi-Monthly) | Bi-Weekly<br>(Every Two Weeks) | Weekly  |
|--------------------------------------|----------|---------|---------------------------|--------------------------------|---------|
| 1                                    | \$20,345 | \$1,696 | \$848                     | \$783                          | \$392   |
| 2                                    | \$27,495 | \$2,292 | \$1,146                   | \$1,058                        | \$529   |
| 3                                    | \$34,645 | \$2,888 | \$1,444                   | \$1,333                        | \$667   |
| 4                                    | \$41,795 | \$3,483 | \$1,742                   | \$1,608                        | \$804   |
| 5                                    | \$48,945 | \$4,079 | \$2,040                   | \$1,883                        | \$942   |
| 6                                    | \$56,095 | \$4,675 | \$2,338                   | \$2,158                        | \$1,079 |
| 7                                    | \$63,245 | \$5,271 | \$2,636                   | \$2,433                        | \$1,217 |
| 8                                    | \$70,395 | \$5,867 | \$2,934                   | \$2,708                        | \$1,354 |
| Each<br>Additional<br>Member<br>Add: | +\$7,150 | +\$596  | +\$298                    | +\$275                         | +\$138  |

### Income Eligibility 2 HOW OFTEN INCOME WAS RECEIVED

| Family Size:                         | Yearly    | Monthly | 2 x Month<br>(Bi-Monthly) | Bi-Weekly<br>(Every Two Weeks) | Weekly  |
|--------------------------------------|-----------|---------|---------------------------|--------------------------------|---------|
| 1                                    | \$28,953  | \$2,413 | \$1,207                   | \$1,114                        | \$557   |
| 2                                    | \$39,128  | \$3,261 | \$1,631                   | \$1,505                        | \$753   |
| 3                                    | \$49,303  | \$4,109 | \$2,055                   | \$1,897                        | \$949   |
| 4                                    | \$59,478  | \$4,957 | \$2,479                   | \$2,288                        | \$1,144 |
| 5                                    | \$69,653  | \$5,805 | \$2,903                   | \$2,679                        | \$1,340 |
| 6                                    | \$79,828  | \$6,653 | \$3,327                   | \$3,071                        | \$1,536 |
| 7                                    | \$90,003  | \$7,501 | \$3,751                   | \$3,462                        | \$1,731 |
| 8                                    | \$100,178 | \$8,349 | \$4,175                   | \$3,853                        | \$1,927 |
| Each<br>Additional<br>Member<br>Add: | +\$10,175 | +\$848  | +\$424                    | +\$392                         | +\$196  |

If all income is received on the same schedule

Example: alimony = \$100 / month & pension = \$300 / month

DO NOT use conversion factors

If family reports income sources from more than one schedule

Example: alimony = \$100 / month & pension = \$300 / week

Income MUST be converted to yearly.

Yearly Income = Monthly x 12

Yearly Income = Twice Per Month (Bi-Monthly) x 24

Yearly Income = Every Two Weeks (Bi-Weekly) x 26

Yearly Income = Week x 52

DO NOT round the values resulting from each conversion



**Annual Notification of Rights Under FERPA  
(Family Educational Rights and Privacy Act)**

Dear Parent/Guardian,

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. Under FERPA, you and your student have certain rights regarding these records:

- inspect and review the student's education records;
- seek amendment of the student's education records that the parent/legal guardian or eligible student believes to be inaccurate, misleading, or otherwise in violation of the student's privacy rights;
- consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that state or federal regulations authorize disclosure without consent; and
- file a complaint with the United States Department of Education under 34 C.F.R §§ [99.63](#) and [99.64](#) concerning alleged failure by the District to comply with the requirements of FERPA and its implementing regulations.

Yuma Union High School District  
3150 S. Avenue A, Building A  
Yuma, Arizona 85364  
Ph: 928.502.4605



## Arizona Student Residency Questionnaire

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.

### **Section A**

Today's date: \_\_\_\_\_

Name of individual completing this form: \_\_\_\_\_

Your telephone number: \_\_\_\_\_ Your email address: \_\_\_\_\_

Student name: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Current grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

Do you have additional children attending school in our district? Yes ☐ No ☐

Do you have children of the preschool age? Yes ☐ No ☐

**Please provide information about additional children attending school in our district or of preschool age.**

| Last Name | First name | Grade | School | District |
|-----------|------------|-------|--------|----------|
|           |            |       |        |          |
|           |            |       |        |          |
|           |            |       |        |          |
|           |            |       |        |          |
|           |            |       |        |          |
|           |            |       |        |          |

**Address of where the student slept last night:** \_\_\_\_\_

**Is this address based on a temporary living arrangement due to the loss of housing? Yes ☐ No ☐**

(Examples: sharing the housing with others due to economic hardship or similar reason; hotel/motel; shelter; transitional housing; car; park; campsite; and inadequate housing, including no running water, electricity, or adequate space)

**NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.**

Yuma Union High School District  
3150 S. Avenue A, Building A  
Yuma, Arizona 85364  
Ph: 928.502.4605



## Arizona Student Residency Questionnaire

### Section B

Name of the parent/guardian/adult caring for the student: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_

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? Yes ☐ No ☐

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

- ☐ In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
- ☐ 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)
  - What date did you begin staying here? \_\_\_\_\_
- ☐ In a shelter/transitional housing program (name of agency): \_\_\_\_\_
  - What date did you begin staying here? \_\_\_\_\_
- ☐ In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)
  - Provide the main cross streets of this unsheltered location: \_\_\_\_\_
- ☐ In a hotel/motel (name of hotel/motel & address) \_\_\_\_\_
  - What date did you begin staying here? \_\_\_\_\_
- ☐ With an adult that is not a parent or court appointed legal guardian
- ☐ Alone, not in the care of a parent or court appointed legal guardian
- ☐ None of the above (Please explain): \_\_\_\_\_

**The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.**

\_\_\_\_\_  
Signature of Person Providing Information  
Parent/Legal guardian/Caregiver/Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
For School Use Only

**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: \_\_\_\_\_

**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 ☐

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



NCHE publications are supported through a contract with the U.S. Department of Education's Office of Safe and Healthy Students. For more information, visit <https://www.ed.gov/programs/homeless/index.html>.

# What You Need to Know to Help Your Child in School

A Guide for Parents, Guardians, and Caregivers

## Eligibility for McKinney-Vento Services

### If your family lives

- » 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 child might be eligible to receive help through a federal law called the McKinney-Vento Act.



If your family is in a temporary or inadequate living situation due to a loss of housing, your child might be eligible for certain educational rights and services.

## McKinney-Vento Services Rights and Supports

### Your McKinney-Vento 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 the school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is your preference.
- \*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.



### District Liaison

Tim Keller  
3150 S. Avenue A., Bldg A  
Yuma AZ 85364  
928.502.6780



More Info

### National Center for Homeless Education

<http://nche.edu.gov>  
800-308-2145  
[homeless@serve.org](mailto:homeless@serve.org)



Las publicaciones de NCHE son apoyadas por un contrato con el Departamento de Educación de los Estados Unidos. Para más información, visite <https://www2.ed.gov/programs/homeless/index.html>.

# Lo Que Necesita Saber Para Ayudar a Su Hijo en la Escuela

Una Guía para Padres, Tutores, y Encargados

## Elegibilidad para Servicios McKinney-Vento

### Si su familia vive

- » en un albergue
- » en un motel o un sitio para acampar debido a la falta de una alternativa adecuada
- » en un auto, un parque, un edificio abandonado, o una estación de trenes o de autobuses
- » compartiendo la vivienda de otras personas debido a la pérdida de su casa o a una dificultad económica

sus hijos de edad escolar podrían calificar para recibir ciertos derechos y protecciones bajo una ley federal que se llama el Acta McKinney-Vento.

## Derechos y Apoyos McKinney-Vento

### Bajo el Acta McKinney-Vento, sus hijos elegibles tienen derecho a

- » recibir una educación pública gratuita y apropiada.
- » inscribirse en la escuela inmediatamente, aunque falten documentos normalmente requeridos para la inscripción.
- » inscribirse y asistir a clases mientras que la escuela obtiene los documentos necesarios.



More Information

### Bajo el Acta McKinney-Vento, sus hijos elegibles tienen derecho a y más

- » inscribirse en la escuela local; o continuar asistiendo a la escuela de origen (la escuela a la cual su hijo asistió cuando tenía una residencia permanente, o la última escuela en la cual estaba inscrito), si esto es su preferencia. \*Si el distrito escolar cree que la escuela escogida por usted no es la mejor para sus hijos, el distrito tiene que darle a usted una explicación escrita de su posición e informarle de su derecho de apelar su decisión.
- » recibir transporte a/de la escuela de origen, si usted lo pide.
- » recibir servicios educacionales comparables a los que están provistos para otros estudiantes, según las necesidades de sus hijos.



### Enlace de distrito

Tim Keller  
3150 S. Avenue A., Bldg A  
Yuma AZ 85364  
928.502.6780



### Centro Nacional de Educación para los Niños y Jóvenes sin Hogar

<http://nche.edu.gov>  
800-308-2145  
[homeless@serve.org](mailto:homeless@serve.org)

NEW COE number:

For Office Use ONLY Registration Date: \_\_\_\_\_

**Eligible students may receive assistance with class fees!**  
**See the Migrant Program before going to the Bookstore for more details!!!**

**Migrant Education Program – Yuma Union High School District # 70**

CHS GRHS KHS SLHS VHS YHS

(please circle one)

Student's Name: \_\_\_\_\_ School ID: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Parents' Full Name: \_\_\_\_\_

**Please answer the following questions. If you do not work in agriculture, only answer question #1 and sign at the bottom.**

1. Since 2020, have you and your family moved to work or have sought work in agriculture? ☐ Yes ☐ No

2. Has worker actively sought new qualifying work, soon after the move: ☐ Yes ☐ No

(If worker did not engage in qualifying work within 60 days of move, then both criteria below **MUST** be met)

Date when qualifying work was sought: \_\_\_\_\_

How work was actively sought: \_\_\_\_\_

Company contact information (name, address and phone number) / Supervisor name where work was sought: \_\_\_\_\_

**AND**

Does worker have history of moves (at least two moves must be within 36 months of recruiter's interview and worker must have engaged in qualifying work)

**Move #1:** Move Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Qualifying Work: \_\_\_\_\_

**Move #2:** Move Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Qualifying Work: \_\_\_\_\_

3. Student qualifying moves:

Was move from one district to another: ☐ Yes ☐ No

Was move due to economic necessity: ☐ Yes ☐ No

Did move occur in the past 36 months as a migratory agriculture worker OR did so with, to join/precede a parent/guardian or spouse who is a migratory agriculture worker. ☐ Yes ☐ No

Child's QAD for eligibility (date when family is united) : \_\_\_\_\_

4. Please list all family members, ages 5-21 years old, include their dates of birth:

**Please sign the bottom of this form and return during registration. If you have any questions, please call the Migrant Program 928.502.4673. Thank You for your cooperation.**

Parent/Guardian Signature \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

What additional services would you like for your student to receive? \_\_\_\_\_