



BUCKEYE

ELEMENTARY SCHOOL DISTRICT #33
A community passionate about student success

Bales Elementary	Buckeye Elementary	Inca Elementary
<p>25400 W. Maricopa Road Buckeye, Arizona 85326</p> <p>623-847-8503 623-327-0744 Fax</p> <p>Attendance Line 623-866-6002</p> <p>bales@besd33.org</p> <p>Monday, Tuesday, Thursday, Friday 8:30 am to 3:15 pm Wednesday 8:30 am to 12:30 pm</p>	<p>211 S. 7th Street Buckeye, Arizona 85326</p> <p>623-386-4487 623-386-7901 Fax</p> <p>Attendance Line 623-866-6001</p> <p>buckeye@besd33.org</p> <p>Monday, Tuesday, Thursday, Friday 8:00 am to 2:45 pm Wednesday 8:00 am to 12:00 pm</p>	<p>23601 W. Durango Street Buckeye, Arizona 85326</p> <p>623-925-3500 623-386-4690 Fax</p> <p>Attendance Line 623-866-6006</p> <p>inca@besd33.org</p> <p>Monday, Tuesday, Thursday, Friday 8:30 am to 3:15 pm Wednesday 8:30 am to 12:30 pm</p>
Jasinski Elementary	John S McCain III Elementary	Marionneaux Elementary
<p>4280 S. 246th Avenue Buckeye, Arizona 85326</p> <p>623-925-3100 623-327-2708 Fax</p> <p>Attendance Line 623-866-6005</p> <p>jasinski@besd33.org</p> <p>Monday, Tuesday, Thursday, Friday 8:30 am to 3:15 pm Wednesday 8:30 am to 12:30 pm</p>	<p>3170 S 247th Ave Buckeye, Arizona 85326</p> <p>623-866-6200 623-248-4419 Fax</p> <p>Attendance Line TBD</p> <p>mccain@besd33.org</p> <p>Monday, Tuesday, Thursday, Friday 8:00 am to 2:45 pm Wednesday 8:00 am to 12:00 pm</p>	<p>24155 W. Roeser Road Buckeye, Arizona 85326</p> <p>623-866-6100</p> <p>Attendance Line 623-866-6007</p> <p>marionneaux@besd33.org</p> <p>Monday, Tuesday, Thursday, Friday 8:30 am to 3:15 pm Wednesday 8:30 am to 12:30 pm</p>
Sundance Elementary	WestPark Elementary	Preschool
<p>23800 W. Hadley Street Buckeye, Arizona 85326</p> <p>623-847-8531 623-386-6049 Fax</p> <p>Attendance Line 623-866-6003</p> <p>sundance@besd33.org</p> <p>Monday, Tuesday, Thursday, Friday 8:00 am to 2:45 pm Wednesday 8:00 am to 12:00 pm</p>	<p>2700 S. 257th Drive Buckeye, Arizona 85326</p> <p>623-435-3282 623-386-3398 Fax</p> <p>Attendance Line 623-866-6004</p> <p>westpark@besd33.org</p> <p>Monday, Tuesday, Thursday, Friday 8:00 am to 2:45 pm Wednesday 8:00 am to 12:00 pm</p>	<p>640 Centre Avenue Buckeye, Arizona 85326</p> <p>623-925-3921 623-386-6219 Fax</p> <p>Attendance Line 623-925-3921</p> <p>preschool@besd33.org</p> <p>Monday - Friday 7:00 am to 4:30 pm</p>
Buckeye Family Resource Center		BESD Central Office
<p>210 S. 6th Street, Bldg. 700 Buckeye, AZ 85326</p> <p>623-925-3911 - 623-386-3900 Fax</p> <p>frc@besd33.org</p> <p>Monday - Friday 8:00am to 5:00pm</p>		<p>25555 W. Durango St. Buckeye, AZ 85326</p> <p>623-925-3400 - 623-386-6063 Fax</p> <p>centraloffice@besd33.org</p> <p>Monday - Friday 7:30am to 4:00pm</p>



PICKING UP YOUR CHILD

Help us keep your child safe! Only adults (18+) listed on your child(ren)'s **Release To list** are authorized to sign them out of school. A valid photo ID is **required every time** a student is picked up—including parents. Students will not be released without proper identification. Please also avoid picking up your child(ren) within 15 minutes of the school's regular dismissal time unless it is an emergency.

VISITORS

Please sign in at the front office of the school. A visitor badge will be provided. This helps us keep track of visitors to our campus and assists with the safety of our students. Please do not forget to bring a photo ID to verify your identity. Please see the District Parent Handbook for more information on visiting school campus located at [BESD33.org](https://besd33.org).

PARENTVUE

ParentVUE helps you stay connected to your student's education with access to attendance (including submitting absences and letters), grades, assignments, schedules, report cards, teacher communication, and yearly online verification. To get started, visit https://buckeye.apsc.org/login_pxp.aspx; your school office will provide your activation key with initial registration.

TRANSPORTATION

Student Transportation Services are a privilege and not a right. Buckeye Elementary School District may withdraw bus privileges from any student who fails to follow the bus rules or directions given by the bus driver or other adult supervisor. Location, pick up time, drop off time and bus rules are available upon request. If you have any questions or concerns in regards to transportation, contact our Transportation [Supervisor](#) at 623-925-3440.

CHILD NUTRITION

Please make sure to fill out the Lunch Application. Based on income your child may qualify for Reduced or Free Lunch. If you have questions for Child Nutrition, please contact our Child Nutrition Director at 623-925-3421. You can find the application at <https://secure.ezmealapp.com>

PAYMENTS

To make payments for your child's school meals, log into <https://www.ezschoollpay.com/Login.aspx>.

To make payments for your child's field trips, sports, and other fees, log into <https://www.besd33.org/parents/parent-fees-center>

ARIZONA TAX CREDIT

Arizona tax law (ARS 43-1089.01) allows taxpayers a credit for contributions made or fees paid to a public school for support of extracurricular activities. The credit is a dollar for dollar credit that is equal to the amount contributed or the amount of fees paid. However, the credit cannot exceed \$200 for single taxpayers or heads of household. For married taxpayers who file a joint return, the credit cannot exceed \$400. The tax credit can be claimed on personal income tax returns only. Contributions from businesses are welcome and are deductible, but cannot be used to claim a tax credit. Contributions made between January 1st and April 15th may be used as a tax credit on the current year or the previous year Arizona income tax return. Please consult your tax advisor. Now accepting tax credit donations online at <https://az-buckeye.intouchreceipting.com>.

BUCKEYE FAMILY RESOURCE CENTER

The Buckeye Family Resource Center is a partnership between First Things First and Buckeye Elementary School District. The center serves the Buckeye community and its surrounding areas. The focus is on early childhood literacy, nutrition, health, and child-centered activities. Programs, resources and referrals are provided for family members of all ages and the community. Contact at 623-925-3911

PRESCHOOL PROGRAM

Our mission is to lay the foundation for our preschoolers to be passionate about learning, ready for Kindergarten, and set them up for success in receiving a world class education. Students are provided opportunities to problem solve, interact with peers, identify emotions and learn to self-regulate and become more independent thinkers. Students grow cognitively through developmentally appropriate practices based on the Early Learning Standards. Growth and development are measured through Teaching Strategies Gold. Students gain these skills through intentional play, vocabulary enrichment, consistent schedules, circle time, developmentally appropriate centers, and individualized lessons with their teacher and various staff. Through intentional play our students learn to follow instructions, practice active listening, sharing, taking turns, negotiating and cooperating skills. We make learning fun! If you have any questions about our preschool program, please contact the preschool at 623-925-3921.

REGISTER TO VOTE

In the United States, voter registration is the responsibility of the people, and only 70 percent of Americans who are eligible to vote have registered. Please support your child(ren)'s school by registering to vote. For more information on registering to vote, please go to <http://www.dmv.org/arizona/voter-registration.php>.

Buckeye Elementary School District #33

2026-2027 School Calendar

Board Approved 10/7/2024

178 School Days

July 2026							July		January 2027							January		
Su	M	Tu	W	Th	F	Sa			Su	M	Tu	W	Th	F	Sa			
			1	2	3	4	3	Independence day				6	7	8	9	1	Winter Break	
5	6	7	8	9	10	11	29-31	Staff Professional Development	10	11	12	13	14	15	16	18	Martin Luther King Jr. Day	
12	13	14	15	16	17	18			17	18	19	20	21	22	23	21	100th Day of School	
19	20	21	22	23	24	25			24	25	26	27	28	29	30			
26	27	28	29	30	31				31									
August 2026							August		February 2027							February		
Su	M	Tu	W	Th	F	Sa			Su	M	Tu	W	Th	F	Sa			
						1	3-4	Staff Professional Development		1	2	3	4	5	6	5	End of Progress Reporting	
3	2	3	4	5	6	7	5	First Day of School	7	8	9	10	11	12	13	15	President's Day	
8	9	10	11	12	13	14	18	10th Day of School	14	15	16	17	18	19	20	10-12	Parent Teacher Conferences	
13	16	17	18	19	20	21			21	22	23	24	25	26	27			
18	23	24	25	26	27	28			28									
19	30	31																
September 2026							September		March 2027							March		
Su	M	Tu	W	Th	F	Sa			Su	M	Tu	W	Th	F	Sa			
23		1	2	3	4	5	4	End of Progress Reporting	130	1	2	3	4	5	6	12	End of 3rd Quarter	
27	6	7	8	9	10	11	5	Labor Day	135	7	8	9	10	11	12	13	15-19	Spring Break
32	13	14	15	16	17	18	6	21	Staff Professional Development (No School)	14	15	16	17	18	19	20	26	Spring Recess
36	20	21	22	23	24	25	7			21	22	23	24	25	26	27		
39	27	28	29	30			8			28	29	30	31					
October 2026							October		April 2027							April		
Su	M	Tu	W	Th	F	Sa			Su	M	Tu	W	Th	F	Sa			
41				1	2	3	1	40th Day of School	144				1	2	3	23	End of Progress Reporting	
46	4	5	6	7	8	9	9	2	End of 1st Quarter	149	4	5	6	7	8	9		
51	11	12	13	14	15	16	10	7-8	Parent Teacher Conferences	154	11	12	13	14	15	16	31	
56	18	19	20	21	22	23	11	12-16	Fall Break	159	18	19	20	21	22	23	32	
	25	26	27	28	29	30	12			164	25	26	27	28	29	30	33	
November 2026							November		May 2027							May		
Su	M	Tu	W	Th	F	Sa			Su	M	Tu	W	Th	F	Sa			
61	1	2	3	4	5	6	11	Veterans Day	169	2	3	4	5	6	7	20	Last Day of School	
65	8	9	10	11	12	13	13	End of Progress Reporting	174	9	10	11	12	13	14	31	Memorial Day	
70	15	16	17	18	19	20	14	25-28	Thanksgiving Break	178	16	17	18	19	20	21		
72	22	23	24	25	26	27	15			23	24	25	26	27	28	29		
73	29	30					16			30	31							
December 2026							December		June 2027							June		
Su	M	Tu	W	Th	F	Sa			Su	M	Tu	W	Th	F	Sa			
77		1	2	3	4	5	18	End of 2nd Quarter			1	2	3	4	5			
82	6	7	8	9	10	11	17-31	Winter Break	6	7	8	9	10	11	12			
87	13	14	15	16	17	18			13	14	15	16	17	18	19			
	20	21	22	23	24	25			20	21	22	23	24	25	26			
	27	28	29	30	31				27	28	29	30						

Holiday/Break - No School	Early Release - Staff Development	Staff Professional Development - No School
10th, 40th, & 100th Day	Early Release - Parent - Teacher Conferences	End of Quarter

Buckeye, John S McCain III, Sundance, & WestPark
 Monday, Tuesday, Thursday, & Friday
 8:00am to 2:45pm
 Wednesday
 8:00am to 12:00pm

Bales, Inca, Marionneaux, & Steven R Jasinski
 Monday, Tuesday, Thursday, & Friday
 8:30am to 3:15pm
 Wednesday
 8:30am to 12:30pm



Enrollment Packet Checklist

YOU MUST BRING THE FOLLOWING DOCUMENTS WITH YOU AT THE TIME OF REGISTRATION. THE REGISTRATION PROCESS CANNOT BE COMPLETED UNLESS WE HAVE ALL THE FOLLOWING DOCUMENTS:

- Proof of Residency (*A.R.S. §15-802 Section B*)
- Immunization Record (*A.R.S. §15-872 Section B*)
- Original or Certified Copy of Birth Certificate (*A.R.S. §15-828 Section A*)
- Withdrawal Form from Pupil's Previous School Attended in this State (*A.R.S. §15-827 Section A*)

POSSIBLE ADDITIONAL DOCUMENTS IF APPLICABLE :

- Custodial Documentation: The District honors all current court orders or decrees pertaining to custody situations. **It is the responsibility of adults having custody of a student to submit to the school a current certified copy of the effective court order or decree.**
- Open Enrollment Form

YOUR ENROLLMENT PACKET INCLUDES THE FOLLOWING FORMS TO BE COMPLETED AND RETURNED TO THE SCHOOL OFFICE:

- Registration Form – Part 1
- Registration Form – Part 2
- Authorization for Release / Request for Student Records
- Health Information Form
- Student Services Questionnaire
- McKinney-Vento Eligibility Questionnaire
- HLS Home Language Survey
- Arizona Residency Documentation Form or Affidavit of Shared Residence
- Migrant Form



BUCKEYE

ELEMENTARY SCHOOL DISTRICT #33
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Student Registration Form - PART 1

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name		Student's First Name		Student's Middle Name		Suffix	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (MM/DD/YYYY)	Age	Birth City		Birth State	Birth Country			
Student's Primary Home Address (REQUIRED)			Subdivision		City	State	Zip	
Student's Mailing Address (if different from Home Address)			Subdivision		City	State	Zip	
Ethnicity (CHECK ONE) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NOT Hispanic/Latino		Race (Check ONE or MORE, regardless of ethnicity) <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander						
Is the student under refugee status? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate Country: _____ Effective Date: ____/____/____								

PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION

1 CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father				Gender <input type="checkbox"/> M <input type="checkbox"/> F		
	Last Name, First Name (as it appears on Driver's License)			Email Address					<input type="checkbox"/> Active Military <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran
	Date of Birth (MM/DD/YYYY)	Birth Place		Home Address, City, State, Zip <input type="checkbox"/> Same as Student					
	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				

PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION

2 CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father				Gender <input type="checkbox"/> M <input type="checkbox"/> F		
	Last Name, First Name (as it appears on Driver's License)			Email Address					<input type="checkbox"/> Active Military <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran
	Date of Birth (MM/DD/YYYY)	Birth Place		Home Address, City, State, Zip <input type="checkbox"/> Same as Student					
	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				

PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION

3 CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father				Gender <input type="checkbox"/> M <input type="checkbox"/> F		
	Last Name, First Name (as it appears on Driver's License)			Email Address					<input type="checkbox"/> Active Military <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran
	Date of Birth (MM/DD/YYYY)	Birth Place		Home Address, City, State, Zip <input type="checkbox"/> Same as Student					
	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				

SCHOOL OFFICE USE ONLY

Start (Enter) Date:	Date Entered in SIS:	Enter Code:	Grade:	Teacher:	Student Perm ID#:	Entered into SIS by:
Previously Enrolled in District? <input type="checkbox"/> Yes <input type="checkbox"/> No Campus: _____	<input type="checkbox"/> Bus <input type="checkbox"/> Walker <input type="checkbox"/> Parent Pick Up	<input type="checkbox"/> ELL <input type="checkbox"/> Migrant <input type="checkbox"/> Gifted	<input type="checkbox"/> SpEd/Speech <input type="checkbox"/> 504 <input type="checkbox"/> Homeless	CTDS: 070433	School #:	EdFi ID #:



Student Registration Form - PART 2

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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STUDENT BACKGROUND INFORMATION

Name of previous school attended	Has the student ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, at what grade level? _____	Has the student been identified for Gifted Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Has the student ever attended another school in Arizona? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which school/district? _____	Has the student attended school in the USA within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which school/district? _____
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Has the student ever attended any of the Buckeye Elementary District Schools: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, indicate which school, year and grade attended:			
Bales Elementary	Year: _____	Grade: _____	McCain Elementary	Year: _____	Grade: _____
Buckeye Elementary	Year: _____	Grade: _____	Preschool	Year: _____	Grade: _____
Inca Elementary	Year: _____	Grade: _____	Sundance Elementary	Year: _____	Grade: _____
Jasinski Elementary	Year: _____	Grade: _____	WestPark Elementary	Year: _____	Grade: _____
Marionneaux Elementary	Year: _____	Grade: _____	BESD-Virtual:	Year: _____	Grade: _____

LIST SIBLINGS ATTENDING ANY SCHOOL WITHIN BUCKEYE ELEMENTARY SCHOOL DISTRICT

Student's Last Name	Student's First Name	School	Grade
Student's Last Name	Student's First Name	School	Grade
Student's Last Name	Student's First Name	School	Grade
Student's Last Name	Student's First Name	School	Grade

DISCIPLINE INFORMATION-SUSPENSION/EXPULSION

Has this student ever been suspended from School? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date, Reason, School/District
Has this student ever been expelled from School? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date, Reason, School/District
Has either action ever been recommended for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date, Reason, School/District

STUDENT EMERGENCY CONTACTS: PERSONS OTHER THAN PARENT/GUARDIAN - NEED TO PROVIDE AT LEAST ONE

If my child is being sent home or must leave school and attempts to reach me have failed, I authorize the following persons (18+) to pick up my child. I understand that if the name of the person picking up my child does not appear on this list or the person does not have a photo ID, my child will not be released from school to that person.

1 Relationship: (Check ONE) Aunt Family Friend Grandparent Sibling Age 18+ Step-Mother Step-Father Uncle Case Worker Daycare Cousin Age 18+

Last Name, First Name (as it appears on Driver's License)	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Email
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2 Relationship: (Check ONE) Aunt Family Friend Grandparent Sibling Age 18+ Step-Mother Step-Father Uncle Case Worker Daycare Cousin Age 18+

Last Name, First Name (as it appears on Driver's License)	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Email
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HOW DID YOU HEAR ABOUT US

Please Choose One Facebook Family or Friend Instagram Mailer Movie Theater Twitter Website Word of Mouth Other _____

PARENT/GUARDIAN SIGNATURE

I, the undersigned, do hereby authorize officials of Buckeye Elementary School District to contact the person(s) named on this form or updated forms and/or permission is granted to transport, render aid, treatment or care as deemed necessary in an emergency. In the event the parent and other person(s) named on either form cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment. I will not hold the school district financially responsible for the emergency care and/or transportation of said child. I certify that I am a parent with legal control of the child. I understand that it is my responsibility to contact Buckeye Elementary School District if I wish to change any information on this form or to revoke my consent given herein.

Parent/Guardian Signature: _____ Date: _____



BUCKEYE

ELEMENTARY SCHOOL DISTRICT #33
A community passionate about student success

Authorization for Release of and Request for Student Records

STUDENT INFORMATION - NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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PREVIOUS SCHOOL ATTENDED INFORMATION

Name of previous school attended		Name of District		
Address	City	State	Zip	
Phone	Fax	Email		

PARENT/GUARDIAN SIGNATURE

In accordance with A.R.S. § 15-828, I authorize the release of all records, to Buckeye Elementary School District, including birth certificate, academic (education), medical (health), psychological, special education, social development, and gifted information regarding the above pupil.

Parent/Guardian Signature: _____ Date: _____

BELOW FOR OFFICE USE ONLY

REQUESTING SCHOOL

- | | | |
|---|--|---|
| <input type="checkbox"/> Bales Elementary School
25555 W. Durango Street, Buckeye, AZ 85326
(623) 847-8503 / (623) 327-0744 (fax)
Email: bales@besd33.org | <input type="checkbox"/> Jasinski Elementary School
25555 W. Durango Street, Buckeye, AZ 85326
(623) 925-3100 / (623) 327-2708 (fax)
Email: jasinski@besd33.org | <input type="checkbox"/> Preschool
25555 W. Durango Street, Buckeye, AZ 85326
(623) 925-3921 / (623) 386-6219 (fax)
Email: preschool@besd33.org |
| <input type="checkbox"/> Buckeye Elementary School
25555 W. Durango Street, Buckeye, AZ 85326
(623) 386-4487 / (623) 386-7901 (fax)
Email: buckeye@besd33.org | <input type="checkbox"/> John S McCain III Elementary School
25555 W. Durango Street, Buckeye, AZ 85326
(623)-866-6200 / (623)-248-4419 (fax)
Email: mccain@besd33.org | <input type="checkbox"/> Sundance Elementary School
25555 W. Durango Street, Buckeye, AZ 85326
(623) 847-8531 / (623) 386-6049 (fax)
Email: sundance@besd33.org |
| <input type="checkbox"/> Inca Elementary School
25555 W. Durango Street, Buckeye, AZ 85326
(623) 925-3500 / (623) 386-4690 (fax)
Email: inca@besd33.org | <input type="checkbox"/> Marionneaux Elementary School
25555 W. Durango Street, Buckeye, AZ 85326
(623) 866-6100 /
Email: marionneaux@besd33.org | <input type="checkbox"/> WestPark Elementary School
25555 W. Durango Street, Buckeye, AZ 85326
(623) 435-3282 / (623) 386-3398 (fax)
Email: westpark@besd33.org |

PLEASE SEND SPECIAL EDUCATION RECORDS FOR ALL SCHOOLS TO:

Buckeye Elementary School District
 ATTN: Student Service
 25555 W. Durango Street, Buckeye, AZ 85326
 Phone: (623) 925-3400 x3405 Fax: (602) 386-6063
 Email: ddunning@besd33.org

INFORMATION REQUESTED

- | | | |
|--|---|--|
| <input type="checkbox"/> All Academic Records | <input type="checkbox"/> Gifted Records | <input type="checkbox"/> Test Scores |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Immunization/Health Records | <input type="checkbox"/> Withdrawal Form |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Last Report Card | |
| <input type="checkbox"/> English Language Scores/Records (ELL) | <input type="checkbox"/> MOWR Status (move on with reading) | |

1st Request:	<input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Date Sent:	Requested By:
2nd Request:	<input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Date Sent:	Requested By:
3rd Request:	<input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Date Sent:	Requested By:

Note: Arizona School Districts are required to request records within 5 days of enrollment. Notwithstanding financial debt owed by the pupil, school should send student records within 10 days after receiving a request as defined in A.R.S. 15-828-G



Health Information Form

STUDENT INFORMATION - NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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PLEASE MARK ANY ITEMS THAT APPLY TO THE ABOVE STUDENT

Medical History	Medical continued
<input type="checkbox"/> Allergies (seasonal, environmental): _____ <input type="checkbox"/> Allergies (food, insects, drugs, latex, etc.): _____ <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Attention Deficit Disorder/Hyperactivity <input type="checkbox"/> Behavior Problems <input type="checkbox"/> Bladder or Bowel Problems <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Cancer/Leukemia <input type="checkbox"/> Chest/Lung Disease <input type="checkbox"/> Chickenpox (indicate year): _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition <input type="checkbox"/> Migraines	<input type="checkbox"/> Neurological Disorder <input type="checkbox"/> Seizures (Epilepsy) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
	Hearing History
	<input type="checkbox"/> Chronic Ear Infections <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Known Hearing Loss (please provide documentation) <input type="checkbox"/> Myringotomy (tubes in ears)
	Vision History
	<input type="checkbox"/> Color Deficiency <input type="checkbox"/> Known Vision Loss <input type="checkbox"/> Right Eye <input type="checkbox"/> Left Eye <input type="checkbox"/> Both Eyes <input type="checkbox"/> Wears Contacts <input type="checkbox"/> Wears Eyeglasses

Medication Authorization

MEDICATIONS - PLEASE MARK MEDICATIONS THAT THE STUDENT IS ALLOWED OR NOT ALLOWED TO RECEIVE AT SCHOOL

*** Over the counter medications will only be administered on ***
Monday, Tuesday, Thursday & Friday between the hours of 11:00am to 2:00pm
Wednesday - No medications given

Diphenhydramine (Benadryl) for mild allergic reactions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Throat/Cough Lozenges for sore throat or cough	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tums or Rolaids for upset stomach	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Acetaminophen (Tylenol) for minor pain or fever	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ibuprofen (Motrin) for mild pain or fever	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Buckeye Elementary School District has over the counter medication "Standing Orders". With your permission, we will be able to administer over the counter medications to your child. Each new school year we require parents to sign a new authorization form for the administration of these medications. Medications will be dispensed by the School Health Office or the Principal's Designee. Written permission is valid for the current school year.

OTHER HEALTH INFORMATION

Surgeries/Hospitalizations:

PARENT/GUARDIAN SIGNATURE

I, the undersigned, do hereby authorize officials of Buckeye Elementary School District to contact the person(s) named on the student's emergency contact list in the event the parent cannot be contacted. In the event the parent/guardian or emergency contact person(s) cannot be reached, the school officials are hereby granted authorization to transport, render aid, treatment or care as deemed necessary in an emergency. I will not hold the school district financially responsible for the emergency care and/or transportation of said child. I certify that I am a parent with legal control of the child. I understand that it is my responsibility to contact Buckeye Elementary School District if I wish to change any information on this form or to revoke my consent given herein.

Parent's Last Name	Parent's First Name	Parent's Phone
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Parent/Guardian Signature:	Date:
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BUCKEYE

ELEMENTARY SCHOOL DISTRICT #33
A community passionate about student success

Student Services Questionnaire

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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SPECIAL EDUCATION INFORMATION

Was your student receiving special education services at their previous school? Yes No

Was your student receiving 504 accommodations at their previous school? Yes No

Was your student receiving ELL services (English Language Learners) at their previous school? Yes No

If No to ALL above questions, please STOP and sign here ➔ Parent/Guardian Signature: _____ Date: _____

If Yes to any of the above questions, please complete the below portion of this form and sign at the bottom

SELECT SPECIAL EDUCATION SERVICES RECEIVED OR 504 ACCOMMODATIONS RECEIVED:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Mild Intellectual Disability | <input type="checkbox"/> Severe Intellectual Disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Moderate Intellectual Disability | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> 504 Plan: _____ |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Speech/Language Impairment | <input type="checkbox"/> Other: _____ |

Do you have a copy of the current IEP or 504 Plan? Yes No

Do you have a copy of the current Psychological Evaluation Report (MET)? Yes No

*** If you have copies of the current IEP and MET Report, please provide a copy to the school or Student Services located at the Buckeye Elementary Central Office ***

PREVIOUS SCHOOL ATTENDED INFORMATION

Name of previous school attended		Name of District	
Address	City	State	Zip
Phone	Fax	Email	

STUDENT AND PARENT INFORMATION

Student's Primary Home Address	City	State	Zip
Parent Name	Primary Phone Number	<input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work

PARENT/GUARDIAN SIGNATURE

I hereby certify that I am the child's parent or legal guardian and that the information I have given above is true and correct to the best of my knowledge. I hereby authorize the release of special education records for the above child.

Parent/Guardian Signature: _____

Date: _____



BUCKEYE

ELEMENTARY SCHOOL DISTRICT #33
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McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435
The answers will determine the services that the student may be eligible to receive.

Name of School _____

Student's Last Name _____

Student's First Name _____

Date of Birth (MM/DD/YYYY) _____

Grade _____

Gender
 M F

1. Is your current address based on a **temporary** living arrangement? Yes No

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

Note: **If you checked NO on either question above you can STOP here If you checked YES to both questions please continue filling out the form.**

Please do not complete this form if your housing **does not** meet one of the conditions listed below. If you rent, share housing for convenience, or if you are buying a house and do not need support services, your students **do not** qualify for the McKinney-Vento Act.

Where is the student presently living? (Check One)

In a motel/hotel

Name of motel/hotel: _____

In a shelter

Name of shelter: _____

With more than one family in a house or apartment (*due to loss of housing or economic hardship*)

In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite

Crossroads: _____

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

Please provide informatin about additional children attending school.

Student Name

Date of Birth

Grade

Campus attending

Student Name	Date of Birth	Grade	Campus attending

Last school attended: _____

Do you have children of preschool age? Yes No

Did the student/s receive McKinney-Vento Services in previous District attended? Yes No

PARENT/GUARDIAN SIGNATURE

Name of Parent(s)/Legal Guardian(s): _____

Physical Address _____

City _____

State _____

Zip _____

Phone _____

Secondary Phone _____

Email _____

The undersigned Parent/Guardian certifies that the information provided is true and accurate.

Parent/Guardian: _____

Date: _____



RIGHTS OF HOMELESS STUDENTS

Buckeye Elementary School 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”— A. 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 designated for or ordinarily used as a regular sleeping accommodation for human beings, including cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar setting
- *Is a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in circumstances described above

RIGHTS OF HOMELESS STUDENTS

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 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 [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. § 11432(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 2 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](#), or contact:

LEA Homeless Liaison Buckeye Elementary School District 25555 W Durango St, Buckeye, AZ 85326 623-925-3400 centraloffice@besd33.org	State Homeless Education Program Coordinator Arizona Department of Education 1535 W. Jefferson Street, Phoenix, AZ 85007 (602) 542-4963 homeless@azed.gov
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Arizona Department of Education
Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

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

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

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 05-2023)



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

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)

_____ 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.



TITLE I, PART C PARENT OCCUPATIONAL SURVEY

Student Name(s): _____

School District: _____ Date Completed: _____

Number of Children in Household: _____ Age(s) of Children: _____

Name(s) of the School(s) the Children Attend: _____

Name of Parent(s)/ Caregiver(s): _____

Current Address: _____

City | State | Zip Code: _____ Phone Number: _____

Race/Ethnicity of the Children (select all that apply):

- American Indian or Alaska Native (If selected, please provide tribal affiliation: _____)
- Latino/a Black/African American White Asian Native Hawaiian/Pacific Islander

1. Have your children participated in the Migrant Education Program in Arizona or in any other state?








Yes No If yes, share the year and state where your child(ren) received services: _____

2. In the last three years, has your family moved to search for work in another city, county, or state?

Yes No If yes, when did your family arrive in the city you live in now?: _____

3. In the last three years, have you or anyone in your immediate family worked in one of the occupations listed below as a seasonal or temporary employee?

Yes No If yes, please select all that apply:

<input type="checkbox"/> Agriculture (harvesting/picking vegetables or fruits such as lettuce, tomatoes, broccoli, strawberries, dates, lemons, etc.) 	<input type="checkbox"/> Dairy/Livestock/Poultry (herding, handling, feeding, branding, slaughtering, deboning, etc.) 
<input type="checkbox"/> Planting (Planting seeds, growing or cutting trees, preparing the land, etc.) 	<input type="checkbox"/> Meatpacking/ Meat Processing (skinning, hanging, cutting, trimming, freezing, etc.) 
<input type="checkbox"/> Processing/Packing agricultural products (cleaning, weighing, cutting, sorting, freezing, packing, etc.) 	<input type="checkbox"/> Fishing/ Seafood (scaling, cutting, freezing, enclosing raw product in container) 
<input type="checkbox"/> Personal Subsistence (Family consumes the crops, dairy products, or livestock they produce or the fish they catch) 	<input type="checkbox"/> Other agricultural or fishing occupation Please specify: _____

I, _____, the legal parent/guardian of _____, authorize the School District to share my child's directory information with the Migrant Education Program for educational purposes only, in compliance with state and federal privacy laws. This authorization is voluntary and may be revoked in writing at any time.

Please return this form to the school as soon as possible



BUCKEYE

ELEMENTARY SCHOOL DISTRICT #33
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25555 West Durango Street. , Buckeye, Arizona 85326 | Phone (623) 925-3400 | Fax (623) 386-6063 | BESD33.org

First & Last name of Child: _____

Date of Birth: _____ **SY: 2026-2027**

Language & Communication:

Does your child speak in complete sentences most of the time? (e.g., "I want the blue cup" instead of "Blue cup")

Single Word Phrases Complete Sentences

Can your child follow two-step directions? (e.g., ""Wash your hands and dry them with a towel.")

Prompts and Supports Single Step Two-Step

Can your child clearly tell you about their day? Y N

Does your child struggle to understand what others say? Y N

Do other people outside of your immediate family understand your child? Y N

Does your child have any difficulty pronouncing words or sounds? (examples: specific sounds are unclear or mispronounced; whole words are unclear; parts of words are missing) Y N

Social & Emotional:

When playing with other children, does your child? (Check all that apply)

Share Take Turns Use kind words Cooperate with others

Can your child separate from you without excessive distress?

Yes, easily Yes, with Time and Prompting

No, they become upset They have never been separated

Can your child manage their frustration and anger in a safe way?

Yes, using their words Yes, with deep breaths or coping strategies

No, they will scream or become loud No, they may become physical or throw objects

Does your child show an interest in other people and make eye contact? Y N

How long will your child attend to a non-digital task? (examples: coloring, play dough, toys)

- Less than 5 minutes About 5 minutes More than 5 minutes

Will your child transition to a new task or activity when asked?

- Yes, quite quickly Yes, with time/additional prompting Yes, with some resistance
 No and they will become upset No and they will become aggressive

Cognitive (Thinking & Learning):

Can your child tell people their name? Y N **First and Last Name?** Y N

Does your child recognize their name in writing or letters in their name? Y No

Does your child recognize the letters in their name? Y N

Does your child have letter recognition/early literacy skills? (Check all that apply)

- Can recite the alphabet or sing the alphabet song
 Knows some of the letters of the alphabet
 Knows many letters of the alphabet or possibly all the letter names in the alphabet
 Knows some of the letter names and sounds
 Enjoys having a book read to them

Can your child count to 10 or higher? Y N

Does your child recognize and name basic shapes and colors? Y N

Physical Development (Fine & Gross Motor):

Can your child hold a crayon or pencil with a proper grip/tripod-fingertip grip? Y N

Can your child draw simple shapes (e.g., circle, square)? Y N

Is your child right-handed, left-handed, or unsure? Right-handed Left-handed Unsure

Can your child use scissors to cut paper? Y N

Self-Help Skills:

Can your child dress and undress themselves (including buttons and zippers)?

- Can independently undress and dress themselves
- Can partially undress and dress themselves but may need help with fasteners.
- Requires significant assistance with pants and underwear

Can your child use the toilet independently? (Check all that apply)

- Initiates bathroom trips independently, without prompting.
- Can perform some toileting tasks independently but may need supervision or assistance
- Requires frequent reminders or prompting to use the bathroom.
- Needs significant assistance with wiping, flushing, and/or handwashing

Can your child:

- Feeds themselves independently; opening packages and using utensils
- Needs some assistance with packaged foods
- Needs assistance eating with a spoon or fork
- Does not feed themselves

Are there any medical conditions we should be aware of (hearing, vision, ADHD, Autism) or are they receiving any clinical services such as speech, occupational therapy, physical therapy, or behavioral support?

Is there anything else that you would like to share with us about your child's development?
