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_____**Washington Elementary School District**_____

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)

WASHINGTON ELEMENTARY SCHOOL DISTRICT

_____ (SCHOOL)

Student Information

FOR OFFICE USE ONLY	Date entered into Synergy:
Synergy Student ID#	
Projected Entry Date/Code /	
Actual Entry Date	

LEGAL NAME: _____ / _____ / _____
(LAST) (FIRST) (MIDDLE)

GENDER: ☐ F ☐ M **DATE OF BIRTH:** _____ / _____ / _____ (MONTH) (DAY) (YEAR) **STATE OF BIRTH:** _____

GRADE ☐ PS ☐ KG ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08

COUNTRY OF BIRTH: ☐ USA ☐ Other _____

ENTRY DATE TO USA: _____
(IF COUNTRY OF BIRTH IS OTHER THAN USA)

(IF DIFFERENT THAN LEGAL NAME)
NAME STUDENT GOES BY: _____ / _____
(LAST) (FIRST)

RACE – CHOOSE AT LEAST ONE
- ☐ Black
- ☐ White
- ☐ Asian
- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian or Pacific Islander

ETHNICITY – SELECT A RESPONSE
Hispanic/Latino? ☐ NO ☐ YES

Does your family claim any American Indian tribal affiliation? ☐ NO ☐ YES
(IF YES, PLEASE COMPLETE A 506 FORM)

FOR OFFICE USE ONLY – 506	
☐ Sent Home	☐ In Synergy
☐ No Number	

Last School Attended: _____ **State:** _____ **Grade Level Attended:** _____

The last school attended was: ☐ Public ☐ Charter ☐ Indian Reservation School ☐ Private ☐ Parochial ☐ Home Schooled

Has the student ever attended any school in Arizona? ☐ NO ☐ YES

Has the student ever attended a Washington School District school? ☐ NO ☐ YES **School** _____ **Grade(s)** _____

HAS THE STUDENT EVER:

Received Special Education services?	☐ NO	☐ YES	explain: _____
Does your child have a current IEP?	☐ NO	☐ YES	explain: _____
Does your child have a current 504 plan?	☐ NO	☐ YES	explain: _____
Been or in the process of being expelled or long-term suspended?	☐ NO	☐ YES	explain: _____

FOR OFFICE USE ONLY - SPED	
☐ No Docs	☐ Docs
	☐ Saved
☐ WESD SpEd Docs in Synergy	
☐ Resource	☐ Self-Contained

LIST THE NAMES OF ALL BROTHERS AND SISTERS OF THIS STUDENT FROM PRESCHOOL THROUGH GRADE 8:

	Name	Grade	School	Lives with enrolling child
1.				☐ NO ☐ YES
2.				☐ NO ☐ YES
3.				☐ NO ☐ YES

Court Ordered Custody Information (Documentation Required)

Custody of Student: ☐ Joint ☐ Mother ☐ Father ☐ DCS ☐ Other _____

FOR OFFICE USE ONLY	
☐ No Docs	☐ CSU Trifold Given
☐ Legal Docs (Court, Notice to Provider)	
☐ Unofficial Docs	
☐ N/A	

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.**

PARENT/GUARDIAN SIGNATURE: X _____ **DATE:** _____

PARENT INFORMATION & ADDITIONAL EMERGENCY CONTACTS

WASHINGTON ELEMENTARY SCHOOL DISTRICT

PRIMARY ADDRESS - Address where the student(s) live(s) on most school days:

HOME ADDRESS:	APT#.	CITY:	ZIP CODE:
MAILING ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS)		CITY / STATE	ZIP CODE

MOTHER, FATHER, GUARDIAN – **Email addresses and personal phone numbers** will be used for automated messages regarding attendance and notifications from the school and/or district.

NOTICE TO CUSTODIAL PARENT/GUARDIAN According to ARS§15-807, it is your responsibility to authorize any absence of your student(s) from school and to notify the school in advance or at the time of any absence. The custodial parent/guardian also must provide at least one telephone number, if available, at enrollment and promptly notify the school of any change in the telephone number.

1)

LAST NAME:		FIRST NAME:	
GENDER:	BIRTHDATE:	RELATIONSHIP TO STUDENT:	LIVES WITH ENROLLING STUDENT: NO☐ YES☐
CELL PHONE:	EMAIL:		
ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS)		CITY / STATE	ZIP CODE
WORK PHONE:	US MILITARY SERVICE (OPTIONAL): ACTIVE ☐ RESERVE☐	MILITARY SERVICE START DATE:	
FOR OFFICE USE ONLY			

2)

LAST NAME:		FIRST NAME:	
GENDER:	BIRTHDATE:	RELATIONSHIP TO STUDENT:	LIVES WITH ENROLLING STUDENT: NO☐ YES☐
CELL PHONE:	EMAIL:		
ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS)		CITY / STATE	ZIP CODE
WORK PHONE:	US MILITARY SERVICE (OPTIONAL): ACTIVE ☐ RESERVE☐	MILITARY SERVICE START DATE:	
FOR OFFICE USE ONLY			

3)

LAST NAME:		FIRST NAME:	
GENDER:	BIRTHDATE:	RELATIONSHIP TO STUDENT:	LIVES WITH ENROLLING STUDENT: NO☐ YES☐
CELL PHONE:	EMAIL:		
ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS)		CITY / STATE	ZIP CODE
WORK PHONE:	US MILITARY SERVICE (OPTIONAL): ACTIVE ☐ RESERVE☐	MILITARY SERVICE START DATE:	
FOR OFFICE USE ONLY			

ADDITIONAL EMERGENCY CONTACTS – **List those, other than the mother, father, or guardian, who can pick up and temporarily provide care for your children in case of emergency.**

1)

NAME:		RELATIONSHIP TO STUDENT:
CELL PHONE:	WORK PHONE:	LANDLINE:

2)

NAME:		RELATIONSHIP TO STUDENT:
CELL PHONE:	WORK PHONE:	LANDLINE:

3)

NAME:		RELATIONSHIP TO STUDENT:
CELL PHONE:	WORK PHONE:	LANDLINE:

IF NEEDED, YOU MAY PROVIDE ADDITIONAL CONTACTS TO THE SCHOOL OFFICE.

DAYCARE PROVIDER - **List the provider who can pick up your child after school.**

DAYCARE PROVIDER NAME:		PHONE:
ADDRESS:	CITY:	ZIP CODE:

SIGNATURE X	DATE:

ARIZONA RESIDENCY DOCUMENTATION FORM

Enrolling student: _____ District: **W.E.S.D. #6**

Parent/Legal Guardian _____
PRINT NAME

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 (No P.0. Boxes)**:

___ 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 *(most recent)*
___ Valid Residential lease or rental agreement (including Section 8 agreement) *(signed by both landlord & tenant)*
___ Water, electric, gas, cable, or phone bill *(most recent and using the service address)*
___ Bank or credit card statement *(most recent)*
___ W-2 wage statement *(most recent)*
___ Payroll stub *(most recent)*
___ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe that contains an Arizona address.
___ Documentation from state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security) – *(most recent)*
___ 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 and/or my child(ren) have established residence in Arizona with the person signing the affidavit.

X _____ _____
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.

Awaiting McKinney-Vento eligibility ☐

Arizona Student Residency Questionnaire

FOR OFFICE USE ONLY
Student #
School:

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.

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 Date
Parent/Legal guardian/Caregiver/Student

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: _____

For McKinney Vento Use Only
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

_____

Unique Populations Identification

FOR OFFICE USE ONLY
School
Synergy Student ID#

NAME AS IT APPEARS ON THE BIRTH VERIFICATION DOCUMENT

STUDENT NAME: _____ / _____ / _____
(LAST) (FIRST) (MIDDLE)

PARENT'S SPOKEN LANGUAGE _____
(SPOKEN LANGUAGE BEST UNDERSTOOD BY THE PARENT)

1 ☐ YES ☐ NO Have you worked in agriculture-related jobs such as field work, fruit, or vegetable packing companies, dairies, or ranches in the last 3 years?

2 ☐ YES ☐ NO Have you recently moved with the family from another city, state, or country to work in the fields, packing companies, dairies, or ranches?

3 ☐ YES ☐ NO Have you left Phoenix with the family to go to work in the fields, packing companies, dairies, or ranches?

4 ☐ YES ☐ NO Is the student a refugee?

_____ (COUNTRY) _____ (I-94 ALIEN NUMBER) _____ (DATE ISSUED)

5 **Resettlement agency:**

_____ (NAME) _____ (PHONE)

_____ (ADDRESS) _____ (CITY, STATE, ZIP CODE)

6 **Resettlement case manager:**

_____ (NAME) _____ (PHONE) _____ (EXTENSION)

7 ☐ YES ☐ NO Was the child born outside of the United States? If yes, where? _____ (COUNTRY)

If yes, when did the child enter the United States? _____ (ENTRY DATE TO THE USA)

8 ☐ YES ☐ NO If the child was born outside of the United States, are the parents in the United States Military?

9 If the child was born outside of the United States, list all schools attended for the past 3 years:

School Year	Grade	School Name	City	State	Country

I attest that the above information is to my knowledge, true and correct.

Parent/Guardian Signature:_____ Date: _____

If any answers are Yes, send the form to Academic Services, and keep a copy of the form in the cumulative folder

Authorization to Release Student Records

Autorización para Compartir Archivos Estudiantiles

Last School Attended: _____ **Additional School:** _____
Última escuela de asistencia *Escuela adicional*

School Address: _____
Dirección de escuela

School City, State, Zip Code: _____
Ciudad, estado, código postal de escuela

School Phone: _____ **Fax:** _____ **District Name:** _____
Número telefónico de escuela *Nombre de distrito*

Student Name: _____ **Date of Birth:** _____ **Grade:** _____
Nombre del estudiante *Fecha de nacimiento* *Grado*

Student Name: _____ **Date of Birth:** _____ **Grade:** _____
Nombre del estudiante *Fecha de nacimiento* *Grado*

Student Name: _____ **Date of Birth:** _____ **Grade:** _____
Nombre del estudiante *Fecha de nacimiento* *Grado*

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 development, and gifted information to the Washington Elementary School District.
Según 'Arizona Revised Statute 15-828', yo autorizo el compartir de todos los archivos, incluyendo el acta de nacimiento, información académica, educacional, médica (salud), psicológica, de educación especial, de desarrollo social, y de estudiantes dotados al Distrito Escolar Washington.

Parent/Guardian Signature: X _____ Date: _____
Firma del Padre/Tutor *Fecha*

Please send academic file to:

Please Send Copies ONLY

- ☐ **Abraham Lincoln Traditional**
  10444 N 39th Ave
  Phoenix AZ 85051
  602-896-6300 fax 602-896-6320
- ☐ **Acacia Elementary**
  3021 W Evans Drive
  Phoenix, AZ 85053
  602-896-5000 fax 602-896-5020
- ☐ **Alta Vista Elementary**
  8710 N 31st Avenue
  Phoenix, AZ 85051
  602-347-2000 fax 602-347-2020
- ☐ **Arroyo Elementary**
  4535 W Cholla Street
  Glendale, AZ 85304
  602-896-5100 fax 602-896-5120
- ☐ **Cactus Wren Elementary**
  9650 N 39th Avenue
  Phoenix, AZ 85051
  602-347-2100 fax 602-347-2120
- ☐ **Chaparral Elementary**
  3808 W Joan De Arc Avenue
  Phoenix, AZ 85029
  602-896-5300 fax 602-896-5320
- ☐ **Cholla Middle School**
  3120 W Cholla Street
  Phoenix, AZ 85029
  602-896-5400 fax 602-896-5420
- ☐ **Desert Foothills Junior High**
  3333 W Banff Lane
  Phoenix, AZ 85053
  602-896-5500 fax 602-896-5520
- ☐ **Desert View Elementary**
  8621 N 3rd Street
  Phoenix, AZ 85020
  602-347-4000 fax 602-347-4020
- ☐ **Ironwood Elementary**
  14850 N 39th Avenue
  Phoenix, AZ 85053
  602-896-5600 fax 602-896-5620
- ☐ **John Jacobs Elementary**
  14421 N 23rd Avenue
  Phoenix, AZ 85023
  602-896-5700 fax 602-896-5720
- ☐ **Lakeview Elementary**
  3040 W Yucca Street
  Phoenix, AZ 85029
  602-896-5800 fax 602-896-5820
- ☐ **Lookout Mountain Elementary**
  15 W Coral Gables Drive
  Phoenix, AZ 85023
  602-896-5900 fax 602-896-5920
- ☐ **Manzanita Elementary**
  8430 N 39th Avenue
  Phoenix, AZ 85051
  602-347-2200 fax 602-347-2220
- ☐ **Maryland**
  6503 N 21st Avenue
  Phoenix, AZ 85015
  602-347-2300 fax 602-347-2320
- ☐ **Moon Mountain Elementary**
  13425 N 19th Avenue
  Phoenix, AZ 85029
  602-896-6000 fax 602-896-6020
- ☐ **Mountain Sky Junior High**
  16225 N 7th Avenue
  Phoenix, AZ 85023
  602-896-6100 fax 602-896-6120
- ☐ **Mountain View**
  801 W. Peoria Avenue
  Phoenix, AZ 85029
  602-347-4100 fax 602-347-4120
- ☐ **Ocotillo Elementary**
  3225 W Ocotillo Road
  Phoenix, AZ 85017
  602-347-2400 fax 602-347-2420
- ☐ **Orangewood**
  7337 N 19th Avenue
  Phoenix, AZ 85021
  602-347-2900 fax 602-347-2920
- ☐ **Palo Verde Middle School**
  7502 N 39th Avenue
  Phoenix, AZ 85051
  602-347-2500 fax 602-347-2520
- ☐ **R.E. Miller Elementary**
  2021 W Alice Avenue
  Phoenix, AZ 85021
  602-347-3000 fax 602-347-3020
- ☐ **Roadrunner Elementary**
  7702 N 39th Avenue
  Phoenix, AZ 85051
  602-347-3100 fax 602-347-3120
- ☐ **Royal Palm Middle School**
  8520 N 19th Avenue
  Phoenix, AZ 85021
  602-347-3200 fax 602-347-3220
- ☐ **Sahuaro Elementary**
  12835 N 33rd Avenue
  Phoenix, Z 85029
  602-896-6200 fax 602-896-6220
- ☐ **Shaw Butte Elementary**
  12202 N 21st Avenue
  Phoenix, AZ 85029
  602-347-4200 fax 602-347-4220
- ☐ **Sunburst Elementary**
  14218 N 47th Avenue
  Glendale, AZ 85306
  602-896-6400 fax 602-896-6420
- ☐ **Sunnyslope**
  245 E. Mountain View Road
  Phoenix, AZ 85020
  602-347-4300 fax 602-347-4320
- ☐ **Sunset Elementary**
  4626 W. Mountain View Road
  Glendale, AZ 85302
  602-347-3300 fax 602-347-3320
- ☐ **Sweetwater**
  4602 W Sweetwater Avenue
  Glendale, AZ 85304
  602-896-6500 fax 602-896-6520
- ☐ **Tumbleweed Elementary**
  4001 W Laurel Lane
  Phoenix, AZ 85029
  602-896-6600 fax 602-896-6620
- ☐ **Washington Elementary**
  8033 N 27th Avenue
  Phoenix, AZ 85051
  602-347-3400 fax 602-347-3420

Please send Psychological/Special Education file to:

Phone: 602-347-2604
FAX: 602-347-2709

Washington Elementary School District #6
Attn: Special Services Department
4650 W Sweetwater Avenue, Glendale, AZ 85304

Revised 05 March 2018

New Student Health Information

FOR OFFICE USE ONLY	
Student ID# _____	
School: _____	
☐ **Compliant immunization record in Synergy**	
☐ Awaiting **McKinney Vento** eligibility	☐ **Non-compliant immunization(s)** CANNOT START SCHOOL UNTIL COMPLIANT
☐ Qualifies for **Foster Connections**	

Legal Last Name: _____

First Name: _____ **Middle Name:** _____ **Grade:** _____

Does the student have medical insurance? ☐ NO ☐ YES Name of Insurance Company: _____

Is the student presently taking medication? ☐ NO ☐ YES *(Specify) _____

_____

***If yes**, will medication need to be administered at school? ☐ NO ☐ YES
(If yes, see Health Office for procedures and forms.)

Does the student wear glasses? ☐ NO ☐ YES Does the student wear contact lenses? ☐ NO ☐ YES

Does the student require a special diet due to a life-threatening food allergy? ☐ NO ☐ YES
(If yes, see Health Office for procedures and forms.)

Does the student have a disability that requires a special diet? ☐ NO ☐ YES
(If yes, see Health Office for procedures and forms.)

Does the student have problems with hearing? ☐ NO ☐ YES If yes, does student use hearing aids? ☐ NO ☐ YES

Check conditions that apply to your child and explain below:

- ☐ ADD/ADHD
- ☐ Allergies
- ☐ Asthma
- ☐ Chronic headaches
- ☐ Seizure/Convulsive disorders
- ☐ Stomach/Digestive condition
- ☐ Diabetes (Contact health office prior to the student starting)
- ☐ Food Allergy
- ☐ Nose or Throat conditions
- ☐ Vision/Eye condition
- ☐ Heart condition
- ☐ Kidney/Urinary tract condition
- ☐ Hearing/Ear condition
- ☐ Other, (specify) _____

Please explain conditions marked above: _____

_____

Please list other medical/health conditions that might limit the student's activities at school.

_____

_____

In case of an accident or illness, I request that the school contact me. If the school is unable to reach me, or any of the emergency contacts that I have provided, the school may make whatever arrangements are necessary.
Depending on the situation, the parent/guardian of the student, not the school, may be responsible for expenses incurred.

PARENT/GUARDIAN SIGNATURE X _____ DATE _____

The Educational Rights of Homeless Children and Youths

The LEA/Charter District shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applies to all services, programs, and activities provided or made available.

McKinney-Vento Definition of Homeless:

The term "homeless children and youth"— means individuals who lack a fixed, regular, and adequate nighttime residence [42 U.S.C. § 11434a(2)].

A student may be considered eligible for services as a "Homeless Child or Youth" under the McKinney-Vento Homeless Assistance Act if he or she is presently living in one of the following situations:

- sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason,
- living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations,
- living in emergency or transitional shelters; or are abandoned in hospitals,
- have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,
- living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- is a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in circumstances described above.

To remove educational barriers for children and youths experiencing homelessness, the McKinney-Vento Act mandates the following: **Immediate Enrollment**: Documentation and immunization records cannot serve as a barrier to the enrollment in school [42 U.S.C. §11432(g)(3)(C)].

School Selection and Maintained Enrollment: McKinney Vento eligible students have a right to select from the options outlined below. Students may remain enrolled in their selected schools for the duration of homelessness, and until the end of the academic year upon which they are permanently housed or enroll the child or youth in any public school that non-homeless students who live in the attendance area in which the child or youth is living are eligible to attend. [42 U.S.C. §11432(g)(3)(A), 42 U.S.C. §11432(g)(3)(B) and 42 U.S.C. §11432(g)(3)(I) (i)].

School of Origin	**School of Residency**
The school the student attended when permanently housed	The school in the attendance area in which the student currently resides
The school in which the student was last enrolled	

Transportation Services: McKinney-Vento eligible students attending their School of Origin have a right to transportation to and from the School of Origin [42 U.S.C. §11432(g)(1)(J)(iii)].

Participation in Programs: McKinney-Vento eligible students are guaranteed the right to services comparable to services offered to other students in the school [42 U.S.C. §11432(g)(4) & (6)(iii)].

Unaccompanied Youth Experiencing Homelessness: McKinney-Vento eligible students are guaranteed the right to immediate enrollment without proof of guardianship [42 U.S.C. §1432(g)(1)(H)(iv)].

Access to Extracurricular Activities: Removal of barriers to accessing academic and extracurricular activities for homeless students who meet relevant eligibility criteria [42 U.S.C. §11432(g)(1)(F)(iii)].

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district [42 U.S.C. §11432(g)(3)(E)].

Appointment of a Local Homeless Liaison: The McKinney-Vento Act mandates the appointment of a local Homeless Liaison in every school district or local education agency (LEA) to ensure that homeless children and youth are enrolled in and have a full and equal opportunity to succeed in school [42 U.S.C. §11432(g)(1)(J)(ii) and U.S.C. §11432(g)(6)(A)].

For more information, refer to Arizona Department of Education, Homeless Education, 42 USC CHAPTER 119, SUBCHAPTER VI, Part B: Education for Homeless Children and Youths, and the AZ State ESSA Plan. You may also contact:

LEA Homeless Liaison	**State Homeless Education Program Coordinator**
Washington Elementary School District 4650 West Sweetwater Ave Glendale, Az 85304 (602)347-2643 mckinneyvento@wesdschools.org	Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ 85007 (602) 542-4963 Homeless@azed.gov