

Avondale Elementary School District #44 REGISTRATION INSTRUCTIONS

Welcome to the Avondale Elementary School District. In order for your child's enrollment to be complete, the required documentation must be presented at your child's school. Your registration cannot be processed until all of the documentation is reviewed in person between the school registrar and the child's parent(s) or legal guardian. Our school office cannot process faxed or mailed Registration packets. For Pre-School students requesting to be enrolled outside of their boundaries, please contact your school of choice for more information. If you choose to email the registration packet please refer to the email address next to your school of choice, at the bottom of this page.

Email is not a secure form of communication. If you choose to submit your registration forms by email, you accept the risk that the information submitted may be seen by a third party. BY SUBMITTING YOUR REGISTRATION FORMS BY EMAIL, YOU ACKNOWLEDGE THIS RISK AND WAIVE YOUR RIGHTS RELATED TO THAT SUBMISSION UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT.

By signing this document, I consent to the submission of my registration forms by email and waive my rights related to that submission under the Family Educational Rights and Privacy Act.

Parent/Guardian Signature

Required Documentation Checklist:

A state Certified Birth Certificate (if you are not on the birth certificate, you will need legal documentation regarding custody).

Immunization Records (up to date)

Parent's Valid Arizona Photo ID

Proof of Residency (reference Arizona Residency Documentation Form). If you are living with someone else, please print the Affidavit of Shared Residence form. This form must be notarized prior to submitting it to your child's school. The person who filled out the shared residence form must come to our office with this form, their current gas/ electric bill, and valid AZ identification.

Report Card / Withdrawal Form from previous school

Copy of IEP, if applicable

SCHOOL EMAIL ADDRESS LIST	
Avondale Middle School	amsregister@avondale.k12.az.us
Centerra Mirage STEM Academy	cmregister@avondale.k12.az.us
Copper Trails School	ctregister@avondale.k12.az.us
Desert Star School	dsregister@avondale.k12.az.us
Desert Thunder School	dtregister@avondale.k12.az.us
Eliseo C. Felix School	efregister@avondale.k12.az.us
Lattie Coor School	lcregister@avondale.k12.az.us
Michael Anderson School	maregister@avondale.k12.az.us
Wildflower School	wfregister@avondale.k12.az.us



**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 U.S. passport
- ___ 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 or other identification issued by a recognized Indian tribe that contains an Arizona address.
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

- ___ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

**Avondale Elementary School District 44
McKinney-Vento Eligibility Determination
Student Residency Questionnaire**

AMS CM CT DS DT ECF LC MAS STAR WF

Student Name: _____ Date: _____
 Parent/Guardian Name: _____
 Parent/Guardian Signature: _____

**Do any of the following situations apply to the student?
Please check the appropriate answer**

1. Is the student (family) living in a motel or hotel? YES NO
2. Is the student (family) living in a shelter? YES NO
 Domestic violence Emergency group home Awaiting foster home care
3. Is the student (family) living in a car, park, campground or public place? YES NO
4. Is the student (family) living in housing that does not meet the physical and or psychological needs of the family as specified under the McKinney-Vento Federal Act? (Lack of utilities – heat, water) YES NO
5. Is the student (family) living in the residence of another family? YES NO
- If you answered yes to question 5, please answer the following:
- 5A—Is this living arrangement due to “Chek all that apply” YES NO
 Economic hardship Loss of housing Temporary
- 5B—Date living arrangement began _____
- 5C—Date living arrangement is expected to end _____
6. Is the student under the age of 18 and seeking enrollment without an accompanying parent, not in foster care? YES NO

This questionnaire is intended to address the McKinney-Vento Education Improvement Act 42 U.S.C. 11435.
 If any of the above situations apply, you MAY BE eligible for services under the McKinney-Vento Educational Improvement Act.

I received the *Public notice of the educational rights of homeless children and youths “Information for Parents”*

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

For Office Use Only

Student ID:		Teacher:	
SAIS ID:		Grade	Revised By:

Homeless Liaison Use Only

- Doubled-Up Hotel/Motel Unsheltered/FEMA Sheltered Doubled-Up/Unaccompanied Youth

RELEASE OF INFORMATION

We are requesting the release of the following records for use in providing appropriate educational services and updating previous reports for the named student below:

Medical: birth certificate, immunization records.

Education: withdrawal form, report cards, official transcripts, standardized test scores, language survey, gifted results, and attendance profile.

ELL and Migrant Program Information: program information, test scores, student screening report. Please also fax a copy to: Office of Academic Services FAX: 623-772-5020

Special Education Program Information: most current IEP, 504 resource provided. Please also fax a copy to : Director of Exceptional Student Services FAX: 623-772-5090

Student: _____ **DOB:** _____

School: _____ **Grade:** _____

I hereby authorize (previous school district):

School District: _____

School Name: _____

Address: _____

City, State, ZIP: _____

Telephone: _____ Fax: _____

Michael Anderson School
45 S. 3rd Avenue
Avondale, AZ 85323
(623) 772-5100
(623) 772-5120 FAX

Eliseo C. Felix School
540 E. La Pasada
Goodyear, AZ 85338
(623) 772-4300
(623) 772-4320 FAX

Desert Thunder School
16750 W. Garfield Ave.
Goodyear, AZ 85338
(623) 772-4700
(623) 772-4720 FAX

Centerra Mirage School
15151 W. Centerra Dr. South
Goodyear, AZ 85338
(623) 772-4800
(623) 772-4820 FAX

Desert Star School
2131 S. 157th Ave.
Goodyear, AZ 85338
(623) 772-4600
(623) 772-4620 FAX

Wildflower School
325 S. Wildflower Dr.
Goodyear, AZ 85338
(623) 772-5200
(623) 772-5220 FAX

Copper Trails School
16875 W. Canyon Trails
Goodyear, AZ 85338
(623) 772-4100
(623) 772-4120 FAX

Lattie Coor School
1406 N. Central Ave.
Avondale, AZ 85323
(623) 772-4400
(623) 772-4420 FAX

Avondale Middle School
1406 N. Central Ave.
Avondale, AZ 85323
(623) 772-4500
(623) 772-4520 FAX

It is understood that the information will be used in a confidential manner as prescribed by the Family Educational Rights and Privacy Act of 1974.

Signature of Parent/Guardian

Date

For Office Use only

1st Request: _____ 2nd Request: _____ 3rd Request: _____

Records Received Date: _____ No Previous Records Request by: _____ Date: _____

PARENT /STUDENT SIGNATURES/AGREEMENTS

In an effort to go green and keep resources in the classrooms, AESD will post the complete 2018-2019 Parent-Student Handbook on our website (www.avondale.k12.az.us). If you would prefer to receive a printed copy of the 2018-2019 Parent-Student Handbook, please check the box below.

PARENT/STUDENT HANDBOOK ACKNOWLEDGEMENT

•We, the undersigned, have read and agree to uphold school and District policies and procedures as presented in the parent/student handbook. In addition, we understand we are responsible for all AESD Governing Board District Policies. A copy of the policies is available at the District Office or online at <http://www.azsba.org/>.

•We authorize the school and/or District to deliver, or cause it to be delivered, information and notifications regarding our child, the school and/ or the District via autodialed or prerecorded calls. We may opt out at any time by notifying the school and/or district or following the opt out procedures when we receive a call. If we select to opt out, we will continue to receive attendance and emergency calls. The message you receive will come from our 'short code', 67587 and read similar to the following: "Avondale 44 messages. Reply Y to subscribe or STOP to cancel. Msg&data rates may apply. Msg freq varies. Visit schoolmessenger.com/txt for info".

School Name _____

Student's Name (print) _____

Parent or Guardian's Signature _____

Student's Signature _____

Phone Number _____

Parent/Guardian Email Address _____

Date _____

I request a printed (hard-copy) of the 2018-2019 Parent-Student Handbook when it is available: English Spanish

AESD PHOTOGRAPHY, AUDIO, VIDEO AND FACEBOOK/SOCIAL MEDIA AGREEMENT

The Avondale Elementary School District (AESD) will serve as the authorized agent for the district's website, Facebook page, electronic media, brochures, radio, television, newspapers and newsletters. These would be utilized for educational and/or public relation purposes. (See Student Directory Information on page 11.)

I have read and understand AESD Photography, Audio, Video and Facebook/Social Media Agreement and authorize AESD to use my child's photograph, interview, video and or audiotape outlined above for public relations about education and programs in the District.

Student Initials: _____ Parent Initials: _____

If you **DO NOT** want your child to be photographed, interviewed, videoed and/or audiotaped to promote positive public relations about education and programs in the District, **including the yearbook**, initial here: _____

USE OF TECHNOLOGY RESOURCES USER AGREEMENT

I have read, understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Student Name (printed) _____

Signature _____ Date _____

School _____ Grade _____

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the Avondale Elementary School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a District administrator. (Misuse may come in many forms but can be viewed as messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.)

I have read the Electronic Information Services User Agreement, and have discussed it with my child. I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Parent or Guardian Name (print) _____

Signature _____ Date _____

*The agreement above must be signed by student and parent, and returned to the student's teacher.
Failure to turn in this form will result in loss of access to school technology resources.



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

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

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

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

In SAIS, please indicate the student's home or primary language.

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas

SPECIAL EDUCATION ENROLLMENT QUESTIONNAIRE

ALL parents enrolling their child will be asked the following questions verbally and their responses will be recorded below. Once completed the parent will be asked to sign and date the questionnaire. The staff member who completes the questionnaire will also sign and date it. ***The original pink form will be forwarded to the school psychologist. A copy will be placed in the student's cumulative file at the school.***

STUDENT'S NAME: _____

DOB: _____ GRADE: _____

___YES___NO My child was receiving special education services at the last school that he/she attended.

___YES___NO My child received special education services from another school in the past.

___YES___NO I believe my child may have a disability that is preventing him/her from making reasonable progress in school.

Please describe the area(s) of concern that you have about your child's school performance that leads you to believe your child may have a disability.

I certify that the above statements are correct:

Parent/Guardian Signature

Date

Staff Member Signature

Date