

AJO UNIFIED SCHOOL DISTRICT #15

Dear Parents and Guardians:

Arizona Law requires every student in Public and Charter Schools to be registered each year in the school they are attending, even if they attended the same school the previous school year. Enclosed is the 2023-2024 school enrollment packet. In accordance with Arizona Department of Education requirements, the school requires the following forms and documentation for enrollment:

- * Enrollment packet for the 2023-2024 school year
- * Proof of Residency Form and documentation
- * Current Immunization Records
- * Birth Certificate

For proof of residency and shared residency, additional documents containing your name and current address must be presented to the School Office. If you and your child reside in someone else's home, the person who owns the residence must fill out an Affidavit of Shared Residence form. The Affidavit of Shared Residence form must be notarized.

Please note that Ajo Unified School District #15 will not enroll your child/children until all enrollment documentation has been submitted to the school. If the enrollment packet is incomplete, we will return it to you for completion. All forms must have the parent/guardian's signature and date.

Please refer to the Ajo Unified School District's (A.R.S.) policy on admissions in regards to residency and enrollment criteria. Governing board policy 1FAA Arizona Revised Statutes 15-802-(B), 1-0750, states that residency verification is required for all students who attend Ajo Unified School District each enrollment year. If you have any questions, contact the School Office at 520-387-7602. Thank you for your cooperation in following this district policy.

If your child meets the qualifications of being homeless per the McKinney Vento Act, they are exempt from the above residency documentation.

If you are the guardian of a student, we need a copy of the form that documents the Superior Court Judge's approval of you as a guardian. If another adult is the guardian of your child, we need a copy of the form that documents the Superior Court Judge's approval of the petition changing the guardianship from you to the designated guardian.

We look forward to seeing you in the School Office with your enrollment forms by July 24, 2023. Our summer hours are 7am-3pm Monday-Thursday.

Sincerely,

Dr. Lance Chebultz
Principal
Ajo Schools

AJO SCHOOLS STUDENT INFORMATION

Student Name: _____ Grade: _____ DOB: _____ Gender: M F
Home Address: _____ City: _____ Zip: _____
Mailing Address: _____ City: _____ Zip: _____
E-Mail Address: _____

Please inform the school office of change of address and telephone number.

PARENT/GUARDIAN INFORMATION

Student lives with: Both Parents Mother Father Legal Guardian
Joint Custody: YES NO

Mother's Name: _____ Father's Name: _____
Employer: _____ Work: _____ Employer: _____ Work: _____
Home: _____ Cell: _____ Home: _____ Cell: _____
E-Mail Address: _____ E-Mail Address: _____

Step-Mother's Name: _____ Step-Father's Name: _____
Employer: _____ Work: _____ Employer: _____ Work: _____
Home: _____ Cell: _____ Home: _____ Cell: _____
E-Mail Address: _____ E-Mail Address: _____

Legal Guardian's Name: _____
Employer: _____ Work: _____
Home: _____ Cell: _____
E-Mail Address: _____

Parent in Military Active Duty? [] YES [] NO

HOME LANGUAGE INFORMATION

What is the Primary Language used in the home regardless of the language spoken by the student?
 English Spanish Other _____
What is the language most often spoken by the student?
 English Spanish Other _____
What is the language that the student first acquired?
 English Spanish Other _____

PREVIOUS SCHOOL INFORMATION

Has your child ever previously attended an Arizona school? Yes No
Is your child currently expelled from another school? Yes No
Last School Attended: _____ City & State: _____
Dates Attended: _____
Does your child receive Special Education Services? Yes No
Has your child received Special Education Services? Yes No
Has your child received ELL Services? Yes No

Parent/Guardian Signature _____ Date _____

*****OFFICE USE ONLY*****

FORMS RECEIVED BY: _____ DATE FORMS RECEIVED _____

EMERGENCY CONTACT

Student's Name: _____ Grade: _____ Date: _____

In case of emergency, illness, or accident to the child named above, the school will contact the parent/guardian first. In the event, we cannot reach a parent/guardian, we will contact the following people, in the order listed, to pick up the child. (All telephone numbers must be working United States phone numbers.) Please list people other than parents.

Contact #1: _____ Relationship: _____

Address: _____ Phone: _____

Contact #2: _____ Relationship: _____

Address: _____ Phone: _____

Contact #3: _____ Relationship: _____

Address: _____ Phone: _____

Doctor: _____ Phone: _____

Special Medical Considerations and /or alert: _____

PERSONS AUTHORIZED TO PICK UP STUDENT-GUARDIAN MUST CALL TO CONFIRM

Name	Relationship	Phone Number

Please indicate where your child is to go after school: Walk Home Picked up by Authorized Person
 Ajo School Bus Stage Lines/Ajo Transportation Lukeville/Why School Bus

Any changes, please let school office know before 2pm.

Parent/Guardian Signature

Date

SCHOOL HEALTH SCREENING QUESTIONNAIRE

Student Name: _____ DOB: _____ Grade: _____

Name of Person Filling Out Questionnaire: _____ Relationship: _____

Has your child had any of the following medical issues? [] Yes [] No If so, please list date and give a brief description.
[] Bones: _____ [] Concussions: _____ [] Ears: _____
[] Heart: _____ [] Lungs: _____ [] Muscles: _____
[] Nose: _____ [] Stitches: _____ [] Throat: _____
[] Urinary Tract: _____ [] Hospitalization or Serious Illness: _____

ALLERGIES YES [] NO []

Medicine: _____ Foods: _____ Other: _____

MEDICATIONS

Is your child on any medication? Yes [] No [] Does it need to be given during school hours? Yes [] No []
If yes, please indicate medication and directions: _____
A student is not allowed to carry any medication while at school. If your child needs to take medication prescribed by a doctor during school hours, it must be given to the Health Aide and administered in the Health Office. It must have the original label from the pharmacist, plus the name and strength of the medication. The same procedure applies to over-the-counter medication.

DISABILITIES/PHYSICAL LIMITATIONS

Does your child have any disabilities? Yes [] No [] If yes, please state disability: _____
Are there any limitations on activities? Yes [] No [] If yes, please state limitations: _____
Does your child have any need for special attention due to health problems? Yes [] No []
If yes, please state need: _____
Additional information regarding your child's health: _____

PARENTAL MEDICAL PERMISSION

Please answer Yes or No to the following statements indicating your preference:
. I authorize the school to offer my child Tylenol, cough drops, and minor first aid where it is deemed necessary. Yes [] No []
. I authorize my child's participation in school sponsored sports activities. Yes [] No []
. In an emergency, I authorize Ajo Unified School District to call for emergency services for my child as necessary.
The cost of emergency services is the responsibility of the parent/guardian. Yes [] No []
. From time to time, we are given the opportunity to provide medical and dental services to our students at no cost to the parent(s)/guardian(s). Would you like to be considered for the services when they become available? Yes [] No []

We release the Ajo Unified School District and its assigns from all liability in case of an injury or accident to our child during his/her school activities, including field trips, as long as the School District has made an effort to provide reasonable and prudent supervision.

Parent/Guardian Signature _____

Date _____

RACE AND ETHNICITY DATA COLLECTION FORM

In accordance with Federal Guidelines, a two-part question must be used to collect data about student race and ethnicity. The first part of the question is on ethnicity and the second is on race. The race question can have multiple values.

Student Name: _____ Date: _____

Name of Person Completing the Form: _____

Race/Ethnicity Three-Part Question: Answer all three questions

Part 1 Ethnicity: Is the student Hispanic or Latino?

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central America, or other Spanish culture or origin, regardless of race.)

Part 2 Race: What is the student's race? (Regardless of how respondent answered the first question, Pick all that apply.)

- Native American or Alaskan Native (A person having origins in any of the original tribal peoples of the North and South America, including Central America, and who maintain affiliation or community attachment.)
- Asian (A person having origins in any of the peoples of the Far East, Southeast Asia, or India sub continent including, for example, Cambodia, China, Indian, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- African American (A person having origins in any of the black racial groups of Africa.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

Part 3: Scheduling/ Reporting Ethnicity (Pick only one)

- American Indian
- Asian/ Pacific Islander
- Black or African American
- Hispanic/ Latino
- White (Not Hispanic)
- Other

Tribal Name: _____

Parent/Guardian Signature

Date

Student Name: _____ Grade: _____ Date: _____

PARENT PREFERENCE FOR WRITTEN COMMUNICATIONS

Periodically, the school sends written communications to parents, including progress reports, report cards, and notices of activities like picture day, awards assemblies, field trips, etc. You can opt to receive these communications instantly in electronic format via e-mail, or in hard copy format through the U.S. Mail.

Please choose your preference and sign below.

I prefer to receive written communications from the school through e-mail. Please send e-mail communication to the following e-mail address: _____

I prefer to receive written communications from the school through the U.S. Mail.

Parent/Guardian Name - Printed

Parent/Guardian Signature

Date

STUDENT PUBLICITY PHOTOS & SURVEYS

Reporters, employees, or volunteers sometimes photograph, videotape, or interview students to publicize the good things happening in our school. With your permission, your child's name, image, or words may be published in the newspaper, or in school publications, or aired on television. Examples of this type of positive publicity include photos of school sporting events, academic awards assemblies, homecoming festivities, and newspaper publication of the honor roll.

Please choose your preference and sign below.

Yes, I give permission for my child's name, image, and/or words to appear in the newspaper and other media.

No, I do not want my child's name, image, and/or words to appear in the newspaper or other media.

By signing the permission authorization, you are giving the Ajo Unified School District permission to conduct student interest surveys. Surveys are anonymous, and the results use to help us plan to better meet students' educational and safety needs. Individual teacher and student surveys need to be approved by the principal before given out.

Yes, I give Survey permission.

No, I do not give permission.

Parent/Guardian Name - Printed

Parent/Guardian Signature

Date

All Enrollment papers are to be returned by July 22, 2023 to avoid administrative delays and proper scheduling of classes.

Parent/Guardian Name-Print

Parent/Guardian Name-Signature

Date



**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.



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.



**State of Arizona
Affidavit of Shared Residence**

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- ___ 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)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona

County of _____

The foregoing was acknowledged before me this ___ day of _____, 20 ,

By _____

My Commission Expires:

Notary Public

Student's Name _____ Grade _____

**AJO SCHOOL HEALTH OFFICE
PARENT PERMISSIONS FOR THE 2023/24 SCHOOL YEAR**

Permission for SERVICES provided by Ajo School Health Office: Jesna Augustine, School Nurse	Yes	No
<p>1) I understand that my child's hearing will be screened. <u>It is required and the law for ALL children in Arizona schools.</u> My child's hearing will be tested according to State guidelines. If your child has a problem such as: cochlear implant(s), tubes in ears, drainage/infection of the ear(s), etc, please explain the problem: _____</p> <p>_____</p> <p>I understand that I will be notified if my child fails the hearing screening twice and needs further attention. (If my child passes the hearing test, I may not be notified).</p>		
<p>2) I understand that my child's vision will be screened. My child's vision will be tested according to State guidelines. If your child has any problem(s) with his/her eyesight please list them:</p> <p>_____</p> <p>_____</p> <p>I understand that I will be notified if my child fails the vision screening and needs further attention. (If my child passes the vision screening, I may not be notified).</p>		
<p>3) Desert Senita holds Health Safaris at Ajo Schools twice a year, in the fall and in the spring. The children are screened for dental problems. Their height is measured and their blood pressure and weight are taken. I give my consent for my child to attend both Health Safaris.</p>		
<p>4) Desert Senita and/or Big Smiles may provide further dental screenings, fluoride varnishes and other dental services. I give my consent for these services. I understand that I will still have to fill out and sign any forms that these providers may request.</p>		
<p>5) Immunizations are <u>required by state law for children to attend school in Arizona.</u> I agree to cooperate with the Ajo Schools Health Office in providing the required vaccination records. I also agree to take my child to a healthcare provider within 30 days of being notified that further immunizations are needed. I will bring records to the Ajo Schools Health Office immediately after immunizations are given.</p>		
<p>6) I give permission for my child to be treated in the school health office for minor first-aid and/or administration of over-the-counter medications such as: cough drops, Tylenol, Ibuprofen, Pepto-Bismol. Please list all ALLERGIES: _____</p> <p>_____</p> <p><u>**If your child takes a prescription medication, it MUST be brought to the health office by the parent or guardian. There is also an additional form that needs completed by the prescribing doctor.</u> *****</p>		

Parent/Guardian Signature

Date

El nombre del estudiante _____ Grado _____

Oficina de Salud de la Escuela Ajo
Permisos de los padres para el año escolar 2023/24

Permiso para los servicios administrados por la oficina de salud de la escuela de Ajo: Jesna Augustine, School Nurse	Sí	No
<p>1) Entiendo que se evaluará la audición de mi hijo. Es un requisito y la ley para todos los niños en escuelas de Arizona. La audición de mi hijo se evaluará de acuerdo con las pautas estatales. Si su hijo tiene un problema como: implante cochlear, tubos en los oídos, drenaje/infección de los oídos, etc. Por favor explica el problema: _____</p> <p>_____</p> <p>Entiendo que se me notificará si mi hijo no pasa la prueba de audición dos veces y necesita más atención. (Si mi hijo pasa el examen de audición, es posible que no me notifiquen).</p>		
<p>2) Entiendo que se examinará la vista de mi hijo. La visión de mi hijo se evaluará de acuerdo con las pautas estatales. Si su hijo tiene algún problema con la vista, indíquelo. _____</p> <p>_____</p> <p>Entiendo que se me notificará si mi hijo no pasa el examen de la vista y necesita más atención. (Si mi hijo aprueba el examen de la vista, es posible que no se me notifiquen).</p>		
<p>3) Desert Senita lleva a cabo safaris de salud en las escuelas de Ajo dos veces al año. Los niños son examinados para detectar problemas dentales. Se mide su altura y se les toma la presión arterial y el peso. Doy mi consentimiento para que mi hijo asista a ambos safaris de salud.</p>		
<p>4) Desert Senita y/o Big Smiles pueden proporcionar más exámenes dentales, barnices de flúor y otros servicios dentales. Doy mi consentimiento para estos servicios. Entiendo que aún tendré que completar y firmar cualquier formulario que estos proveedores puedan solicitar.</p>		
<p>5) Las vacunas son requeridas por la ley estatal para que los niños asistan a la escuela en Arizona. Acepto cooperar con la oficina de salud de las escuelas de Ajo para proporcionar los registros de vacunación requeridos. También acepto llevar a mi hijo a un proveedor de atención médica dentro de los 30 días posteriores a la notificación de que se necesitan más vacunas. Llevaré los registros a la oficina de salud de las escuelas de Ajo inmediatamente después de que se administren las vacunas.</p>		
<p>6) Doy permiso para que mi hijo sea tratado en la oficina de salud de la escuela para primeros auxilios menores y/o administración de medicamentos de venta libre como: pastillas para la tos, Tylenol, Ibuprofeno, Pepto-Bismol. Enumere todas las alergias: _____</p> <p>_____</p>		
<p>***Si su hijo toma un medicamento recetado, el padre o tutor DEBE llevarlo a la oficina de salud. También hay un formulario adicional que debe completar el médico que prescribe.*</p>		

Firma del Padre/Tutor

Fecha