

YARNELL ELEMENTARY SCHOOL DISTRICT #52

MODEL CREEK SCHOOL
18912 Hays Ranch Road / Peeples Valley, AZ
(928) 427-3347 / fax (928) 427-3348
www.modelcreekschool.org



October 2, 2018

Attached is the registration packet for your child/children:

1. Student Verification Form.
Please check to make sure all of the contact information is correct. If not please cross out any old information and write the new information on the sheet. IF ALL INFORMATION IS CORRECT, please sign and date the form. Feel free to use the back.
2. Proof of Residence.
3. PHLOTE Survey
4. Medical Form.
This is a double-sided form and needs to be filled out for EACH student.
There have been changes made this year.
5. Medication List
There have been changes made this year. If your child has an ALLERGY or MEDICATION your physician will need to sign this form!
6. Permission Release Letter
7. Internet Permission Form.
Internet is never used unattended.
You can fill out one form for all of your children.
8. Science Fee and BPL program Letter
Fill out one per family.

If you have any questions feel free to contact the school at the above phone number or email address.

Your prompt return of the forms will be greatly appreciated.

Thank You,

Deanna Hurst
Administrative Assistant

Lori Bomar
Head Teacher

Entry Code _____
 Entry Date _____
 Computer Entry Date _____
 Birth Cert Received _____

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Grade Level _____
 Student ID# _____
 State SAIS # _____
 Teacher _____

ENROLLMENT FORM

STUDENT INFORMATION (Please Print)

Student's Legal Last Name			First	Middle
Last Name If Other Than Legal		Nickname		Male <input type="checkbox"/> Female <input type="checkbox"/>
Mailing Address		City	Zip	
Physical Address (If different than above)		City	Zip	
Home Phone				
Student's Date of Birth		Birthplace	Social Sec.#	
Child's Age as of September 1 st		Has child ever attended Model Creek Elementary?		
Ethnicity (Please circle one): Asian Black Hispanic Indian White Prefer Not to Answer		Race (Please circle one or more): American Indian or Alaska Native, Asian Black or African American, native Hawaiian or other Pacific Islander, White, Prefer Not to Answer		
Last School Attended _____		Date Last Attended _____		

PARENT/GUARDIAN INFORMATION

With whom does the student reside (live) with?			
Name		Relationship to student	
Employer	Work Phone	Cell Phone	
Name		Relationship to student	
Employer	Work Phone	Cell Phone	
Who can pick up your student (other than you)?			
Name	Relationship to Student	Name	Relationship to Student

****YOUR CHILD WILL NOT BE RELEASED TO ANYONE WITH OUT YOUR WRITTEN PERMISSION****

HISTORY

History: Has student been enrolled in programs such as Special Education (IEP), Speech/Language (IEP), Title 1, Gifted, Bilingual, etc. YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please specify:	
Will the student have access to the internet at their place of residence? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are there any serious medical conditions: YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, specify:
Parent 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, R.7-2-306(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.



Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. ¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante? _____
2. ¿Cuál idioma habla el estudiante con mayor frecuencia? _____
3. ¿Cuál fue el primer idioma que aprendió el estudiante? _____

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de SAIS _____

Firma del padre o tutor _____ Fecha _____

Distrito o Charter _____

Escuela _____

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.

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PROOF OF RESIDENCE

Student Name Grade

Parent/Guardian Name

Physical Address City State Zip

Mailing Address City State Zip

Required Documentation: One (1) piece of documentation with your current address is required to register your child/children in the Yarnell Elementary School District No. 52. All forms of documentation must contain your current physical address.

One (1) possible form of documentation verifying proof of residence may be chosen from the following:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Valid U.S. passport
- Real estate deed, mortgage documents, rental/lease agreement or Property tax bill
- Utility Bill (electric, gas, cable or telephone)
- Bank or credit card statement
- W-2 wage statement or pay stubs
- Notarized statement from owner/renter indicating:
 - Names of people who are living with the owner/renter
 - Note: Owner/renter proof must be documented (notary document can be provided)

I swear/affirm that the above information is accurate.

Parent/Guardian Signature

Date

Office Use Only

Document Type

Employee Signature

Date



Due to regulations on how tax credit donations can be spent, the School Governing Board must charge \$1.00 per student, grades 1st-8th, for a science lab fee. We have kept this fee to a minimum

Yes, I have enclosed \$1.00 _____ (Please initial)

For _____ Date _____
Student's Name

Dear Model Creek School Families:

We are very excited to provide a service in partnership with the Yavapai Food Council. A backpack will be assigned to your child. It will be sent home every Friday filled with snacks, breakfast, vegetables, lunch items, etc. The student will then return the emptied backpack to the school every Tuesday. This program is provided AT NO COST to you. If you would like to participate in this opportunity, please sign below

Child Name _____

Parent
Signature _____

Date _____

McKinney-Vento Eligibility Questionnaire

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

The student lives with:

_____ parent(s) or legal guardian(s)
_____ and adult who is not the parent/legal guardian

Please check one:

Section A

- In a shelter/group home
- Doubled up with relatives or friends due to loss of housing or Economic hardship
- Living in a motel, car, campsite or other inadequate housing
- Youth living with friends or family members (Other than parent/guardian)

Section B

- Choices in Section A do not apply

Please Print

Name of student: _____

Birth Date: ____/____/____ Age: ____ Gender: ____ Grade in School: ____

School Most Recently Attended: _____

Name of Parent(s)/Legal Guardian: _____

Temporary/Current Address: _____

City: _____ Zip Code: _____ Phone #: _____

Parent/Legal Guardian Signature: _____ Date: _____

USE OF TECHNOLOGY RESOURCES IN INSTRUCTION

ELECTRONIC INFORMATION SERVICES USER AGREEMENT

Details of the user agreement shall be discussed with each potential user of the electronic information services (EIS). When the signed agreement is returned to the school, the user may be permitted use of EIS resources. Terms and Conditions Acceptable use.

Each user must:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- Not use the network in any way that would disrupt the use of the network by others.
- Not use the EIS for commercial purposes.
- Follow the District's code of conduct.
- Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary action up to and including expulsion for students. In addition, acceptable use for District employees is extended to include requirements to:
 - Maintain supervision of students using the EIS.
 - Agree to directly log on and supervise the account activity when allowing others to use District accounts.
 - Take responsibility for assigned personal and District accounts, including password protection.
 - Take all responsible precautions, including password maintenance and file and directory protection measures, to prevent the use of personal and District accounts and files by unauthorized persons. Personal responsibility. I will report any misuse of the EIS to the administration or system administrator, as is appropriate. I understand that many services and products are available for a fee and acknowledge my personal responsibility for any expenses incurred without District authorization. Network etiquette. I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- Be polite and use appropriate language. I will not send, or encourage others to send, abusive messages.
- Respect privacy. I will not reveal any home addresses or personal phone numbers or personally identifiable information.
- Avoid disruptions. I will not use the network in any way that would disrupt use of the systems by others.
- Observe the following considerations:
 - Be brief.
 - Strive to use correct spelling and make messages easy to understand.
 - Use short and descriptive titles for articles.
 - Post only to known groups or persons.Services. The School District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information service (EIS) is used and bears the risk of reliance on the information obtained. I have read and agree to abide by the School District policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference. I 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.

Name _____ Students Name _____

Signature _____

Date _____ (Student or employee)

School _____

Grade (if a student) _____ Note that this agreement applies to both students and employees. 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. Parent or Guardian Cosigner 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 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 School District administrator. (Misuse may come in many forms but can be viewed as any 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 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 _____

Dear Parent/Guardian, by signing below you are stating the following:

I understand that it is my responsibility to comply with all rules and policies given therein. Please read all information and **INITIAL EACH ITEM**, then sign below.

_____ I will take the time to review a copy of the Model Creek School Student Handbook and will review the handbook with my child who is enrolled at the school.

_____ Photo Release: Throughout the school year, there may be times when the staff, media or other organizations, with the approval of the head teacher, may take photos, audio/videotape students or interview students for school related stories in a way that would individually identify a specific student. These photos and/or tapes or interviews may appear in school publications, video productions, the website, the Facebook site and any other school related stories or articles. To authorize your child's photograph and the above mentioned to be used for these purposes, please initial on the line. All media becomes the property of the specific organizations.

_____ Student Transportation: I have read and understand the school bus rules and regulations located in the Student Handbook. My student has my permission to use school bus transportation to and from school. According to state law, the responsibility to transport students rests with the parent. As a courtesy, Yarnell School District attempts to provide free bus service to students within district boundaries. Any changes in student scheduling to ride the school bus must be accompanied by written authorization from the parent/guardian. Please initial on the line.

_____ Climbing Wall Permission: Students participate in traverse climbing wall activities as part of our PE program. At its highest point, the wall measures 8 feet and is approximately 20 feet in length. Participants climb horizontally across the wall and their feet should never be higher than 3 ½ feet off the ground. Your child will climb under the careful supervision of an adult instructor at all times. Please initial on the line to give your child access to the climbing wall.

_____ Announcement System: Please indicate which phone numbers and e-mail addresses you want us to use when contacting you.

Home Phone _____

Mother's Cell Phone _____

Father's Cell Phone _____

Mothers E-Mail Address _____

Fathers E-Mail Address _____

Student's Names: _____

Parent/Guardian Printed Name _____

Parent/Guardian Name Signature _____

Date _____

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Transportation Authorization

Model Creek Elementary School has an **established bus route**. You will be assigned the stop nearest your residence.

If you would like to utilize our transportation services, please check the **YES** box. Below please check all boxes that apply to your transportation needs.

YES

Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM
Practice and Clubs							

To refuse the transportation services check the box **NO**.

NO

*Please note if you select NO, it is your responsibility to transport to and from school. On game days parents must pick up. Any deviation needs to be in writing received before 3:00 p.m.

Student's Name

Parent's Signature

Date

EMERGENCY MEDICAL INFORMATION

STUDENT NAME: _____

Medical Problems:
Allergies to medication:
Other allergies:
Does your child carry or need an inhaler ?
*NOTE: Prescriptions administered at school must be brought to school by the parent/guardian in the <u>original</u> container with the original label attached, showing clear, written instructions on the container and with written permission by the parent/guardian to administer the medication. Per A.R.S. § 15-344 medication may never be carried by the student with the only exceptions being asthma inhalers, epi-pens, and diabetic supplies with written instructions from the physician and parent in the student's medical file.

Please indicate in the space below any allergy or medical problem which may affect the treatment of your child. If a question does not apply, please fill in the blank with N/A (Not Applicable).

Has/does your child had any of the following? Please check (✓) YES or NO. If YES, at what age?

	Yes	No	Age		Yes	No	Age
Asthma				Glasses, Contacts			
ADD/ADHD				Hearing Problems			
Anemia				Heart Condition			
Convulsion/Seizures				Lung Disease			
Diabetes				Speech Problems			
Ear Tubes				Vision Problems			

Has your child ever had the Chicken Pox? Yes ____ No ____

Has your child ever had the Varicella Vaccine? (Chicken Pox) Yes ____ No ____

Does your child have physical restriction or physical activity limitations? Yes ____ No ____
Comments:

****Medication Information: On occasion, an over-the-counter medication may be needed****

Please check (✓) YES or NO to indicate if you do or do not wish these medications to be administered to your child.

	Yes	No		Yes	No
Acetaminophen/Generic Tylenol			Cough Drops		
Benadryl			Eye Wash		
Antacids (Tums, Mylanta, etc.)			Ibuprofen/generic Advil		
Antibiotic Ointment			Sunscreen/Sunburn/Sting Relief		
Calamine/Caladryl Lotion					

Signature of Parent/Guardian: _____ Date: _____

Please Print Name: _____

Comments By Parents or Staff

Medication List

Student Name _____

DOB _____

School staff must be kept apprised of any changes in Medications

Name of Medication	Dosage	How/When to use	At Home	At School	Purpose	Physician Signature

Parent Signature _____

Date _____

Physician Signature _____

Physician Phone _____