

## MCNEAL ELEMENTARY SCHOOL REGISTRATION

Student Name \_\_\_\_\_  
Legal Last Name
First
Middle
Date of Birth

Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_

Home Phone \_\_\_\_\_ SEX: \_\_\_\_\_ Male \_\_\_\_\_ Female

PERSON TO CALL IN CASE OF EMERGENCY (OTHER THAN PARENT)

NAME:
RELATIONSHIP:
PHONE:

Ethnic Choice \_\_\_\_\_ Please check the one you most clearly identify with

- |   |  |
|---|--|
| _____ White (Not Hispanic Origin)                 | _____ American Indian, Alaskan Native, Native American |
| _____ Black (Not Hispanic Origin)                 | _____ Part American Indian, Alaskan Native             |
| _____ Hispanic (Mexican or other Hispanic Origin) |  |
| _____ Asian or Pacific Islander                   |  |

Has the student ever been in Special Education Program?  
 Yes \_\_\_ No \_\_\_ If so, When? \_\_\_\_\_ Where? \_\_\_\_\_ Type of Program \_\_\_\_\_

Last School Attended \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

### FAMILY INFORMATION

Name	Living	Occupation	Where Employed	Phone
Name of Father				
Name of Mother				
Step-Parent				
Legal Guardian				

Is there a non-custodial Parent? \_\_\_\_\_ Yes \_\_\_\_\_ No Student Living with: \_\_\_\_\_ No Children in Family \_\_\_\_\_  
 Does this child live in a foster or a group home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Brothers	Date of Birth	Sisters	Date of Birth

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? \_\_\_\_\_

I the undersigned parent, give permission for the son/daughter to attend any activity of McNeal Elementary School-such as field trips during the school year, if under school supervision and if transported in school vehicle. (McNeal Elementary does not provide medical insurance for students on District field trips) \_\_\_\_\_ Yes \_\_\_\_\_ No This is also a consent to release records from another school.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Date of Entry \_\_\_\_\_ Entry Code \_\_\_\_\_ SAIS ID. \_\_\_\_\_ Proof of Residence \_\_\_\_\_  
 Verification of Birth Date \_\_\_\_\_ Immunization Doc. \_\_\_\_\_  
 Date entered into system \_\_\_\_\_ Entry Signature \_\_\_\_\_



**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
- \_\_\_ 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

\*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.



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 \_\_\_\_\_

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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.

McNeal Elementary School District #55  
PO Box 8, 3979 McNeal St.  
McNeal, AZ 85610

**MEDICAL INFORMATION  
PARENTAL/GUARDIAN CONSENT FOR TREATMENT FORM**

As the parent/guardian of \_\_\_\_\_, I grant permission for the school district to provide emergency treatment, transport to an emergency medical facility and render emergency services to said minor which may be necessary under the general or specific direction of Dr. \_\_\_\_\_, who can be reached at \_\_\_\_\_, or by any emergency medical facility physician.

I also give permission for my child to be transported by any available emergency medical transport to the nearest medical facility for emergency care and treatment.

**PARENT/GUARDIAN PERMISSION:**

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Signature of Parent/Guardian Date

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Signature of Parent/Guardian Date

If there are any allergies or other conditions your child may have that we need to be aware of, please detail below (i.e., bee stings, and bites, asthma, etc.). If there are no conditions please indicate also (i.e., no know allergies).

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**OVER THE COUNTER MEDICATION ADMINISTRATION DURING SCHOOL  
HOURS  
PARENTAL/GUARDIAN CONSENT FORM**

Dear Parent or Guardian:

There are certain procedures to be followed should it be necessary for your child to be given over the counter medications during school hours. Please review and sign this document.

**ADMINISTRATION OF NONPRESCRIPTION MEDICATION**

Non prescription medications or over the counter medications such as: Acetaminophen (Aspirin), Cough Syrup, Antihistamine, Antacids, Throat Spray, Peppermint, Decongestants will be administered to students who have written permission from parents/guardians. Homeopathic and naturopathic medications are not FDA approved for use and are therefore not considered for use as over the counter medications.

A signer Parental/Guardian Consent for Permission to Administer Over the Counter Medications must be signed and filed with the school administrator or their designated representative.

To insure that the use of this medication is not masking symptoms of any serious condition, a Physician's Statement and or letter must be submitted and filed for administration of nonprescription medications beyond the recommended product label instructions.

To minimize the possibility of an accidental drug overdose, nonprescription medications will not be dispensed during the last 2 hours of the school day. If a child participates in school sports or other after school activity the parent will be called before administering an over the counter medication.

Nonprescription medications will be given in a dosage consistent with the child's weight and/or age as indicated on the medication package.

No injectable medication with the exception of Epi-pen in an emergency will be administered.

I have read and understand the above and I request that designated school personnel assist my child, \_\_\_\_\_, by administering him/her the over the counter medication he/she needs for \_\_\_\_\_. I hereby give permission for the exchange of information regarding my child's prescribed medication.

**PARENT PERMISSION**

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Signature of Parent/Guardian

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.***

## TECHNOLOGY

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 \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Student or employee)

SCHOOL McNeal Elementary School District #55 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 \_\_\_\_\_



## Parental/Guardian Consent Form

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image to be published on the district and/or school's web site.

**As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.**

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names, and photo or image.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child's school and your student's picture will no longer be on the website.

### Check one of the following choices:

I/We GRANT permission for a photo/image that includes this student without any other personal identifiers to be published on the school and/or districts public Internet site.

I/We DO NOT GRANT permission for photo/image that includes this student to be published on the school and or districts public Internet site.

Student's Name: (please print)

\_\_\_\_\_ Student's Grade: \_\_\_\_\_

Print name of Parent/Guardian: (print)

\_\_\_\_\_

Signature of Parent/Guardian: (sign)

\_\_\_\_\_

Relation to Student:

\_\_\_\_\_

Date: \_\_\_\_\_

## DESIGNATION OF DIRECTORY INFORMATION

During the school year, District staff members may compile nonconfidential student directory information specified below.

According to state and federal law the below-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. If the Governing Board permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the District is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing not to release the student's information without your prior written consent. *If you do not opt out of releasing any and all of the below-designated information, then the District must provide military recruiters, upon request, directory information containing the student's names, addresses and telephone listings.*

If you *do not* want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior written consent, you must notify the District in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the District Administrator, within two (2) weeks of receiving this form. If the School District does not receive this notification from you within the prescribed time, *it will be assumed that your permission is given* to release your son's/daughter's designated directory information.

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TO: District Administrator

I *do not* want any or all the information I have (checked) below concerning (student's name) \_\_\_\_\_ designated as directory information and released to any person or organization without my prior written consent:

- |   |  |
|---|--|
| <input type="checkbox"/> Name   | <input type="checkbox"/> Address                 |
| <input type="checkbox"/> Telephone listing  | <input type="checkbox"/> Electronic mail address |
| <input type="checkbox"/> Date and place of birth                                      | <input type="checkbox"/> Photograph              |
| <input type="checkbox"/> Dates of attendance  | <input type="checkbox"/> Grade level             |
| <input type="checkbox"/> Honors and awards received                                   | <input type="checkbox"/> Major field of study    |
| <input type="checkbox"/> Enrollment status (e.g., part time or full time)             |  |
| <input type="checkbox"/> Participation in officially recognized activities and sports |  |
| <input type="checkbox"/> Weight and height of members of athletic teams               |  |
| <input type="checkbox"/> Most recent educational agency or institution attended       |  |



# STUDENT RECORDS

## (Request for Student Education Records)

*Copy to student file*

	_____	_____
	Name of Agency	Address
<i>Requester</i>	_____	_____
	Name of Authorized Person	Phone

<i>Requested from</i>	_____	_____
	Name of Agency	Address

X

<i>Student</i>	_____	_____
	Student Name	Address
	_____	_____
	Parent Name	Address
	_____	_____
	Previous School	Address
		Dates Attended

<i>Purpose for request</i>	<input type="checkbox"/> No information available about previous school program	<input type="checkbox"/> Need information to help prepare an educational program for the student
	<input type="checkbox"/> Need assistance in understanding complex behavior and needs	<input type="checkbox"/> Need verification that the student has a disability
	<input type="checkbox"/> Need evaluation information for immediate special education placement	<input type="checkbox"/> Other: _____
		_____

**EXHIBIT**

- |                                      |                                      |                          |   |
|--------------------------------------|--------------------------------------|--------------------------|---|
| <i>Type of information requested</i> | Permanent record data:               | <input type="checkbox"/> | Basic identifying data, attendance data, and academic data  |
|                                      | General cumulative data:             | <input type="checkbox"/> | General administrative data and results of group tests  |
|                                      | Health data:                         | <input type="checkbox"/> | General medical data and reports  |
|                                      | Specialized student data:            | <input type="checkbox"/> | Individualized evaluation records and specialized reports (including reports from outside agencies) |
|                                      | Special education placement records: | <input type="checkbox"/> | All records of placement if special education   |
|                                      | Suspension and/or expulsion records: | <input type="checkbox"/> | All records of suspension and/or expulsion  |

*Assurance statement and signatures*

In making this request, the undersigned agrees that the information received will be used only by the professional school staff members who are assigned to work with the student in the educational program and will not be released to any other party without the prior written consent of the parent.

\_\_\_\_\_ Date Requested \_\_\_\_\_ Authorized Signature

X

*Parental consent*

I, \_\_\_\_\_, as the parent of \_\_\_\_\_, consent to the  
 (Parent Name) (Student's Name)  
 release of records listed above to the party named above. I am aware of my rights to review the records and receive a copy at my expense, if I so request.

\_\_\_\_\_ (Signature of Parent)  
 \_\_\_\_\_ (Date)