

STUDENT ENROLLMENT DOCUMENTATION

Parent/Guardian must supply the following items for all NEW students upon enrollment.

Immunization records: Students must have proof of all immunizations, or valid exemption, in order to attend the **first day** of school. Arizona law allows exemptions for medical reasons, lab evidence of immunity and personal beliefs. Homeless students are allowed a five-day grace period. The Mohave County Department of Public Health will provide free immunizations to all AHCCS, kid's care, uninsured or underinsured and Native American or Alaskan native children. Take your child to your primary care provider if you have private health insurance which covers the cost of immunizations.

Note: For students PREVIOUSLY ENROLLED, we have immunization record on student's file.

Original Birth Certificate: This certificate is used to verify the correct legal name and birth date. In compliance with federal, state, and district guidelines, all students are enrolled using the legal name on the student's birth certificate UNLESS there has been a court-ordered name change and a photocopy of the name change has been provided at enrollment.

Note: For students PREVIOUSLY ENROLLED, we have copy of birth certificate in student's file.

Legal guardianship or custody papers: Are necessary, if applicable to this student based on the following scenarios:

- If an adoption has taken place, it is reflected with an amended birth certificate, and student lives with adoptive parents as listed on the amended birth certificate, that is sufficient.
- If student lives with **one custodial parent as the result of a divorce.**
- In case of an Emergency Custody Order we must have a copy as soon as possible.
- If the student lives with anyone else, i.e. grandparents, aunt, uncle, sibling, friends or other relatives. **We must have a copy of the court papers granting guardianship within 30 days of enrollment.**

Parent's Photo ID: Parents/Guardians need to provide a copy of Photo ID to keep on file for each student.

Homeless Education Assistance Survey: You must complete the Mc-Kinney Vento Homeless Education Survey to determine eligibility for potential services as a homeless individual.

Residency: Parent/ Guardian must provide residency of physical address of where the student resides.

Age Limitation *(There are no exceptions to the age limitations stated below)*

Enrollment information:

- **Kindergarten** – A student enrolling in kindergarten must be five (5) years of age on or prior to August 31st in the school year for which you are applying (Arizona Revised Statutes 15-821).
- **First Grade** – A student enrolling in first grade must be six (6) years of age on or before August 31 in the school year for which you are applying (Arizona Revised Statutes 15-821)



Arizona Department of Education
Arizona Residency Guidelines
REVISED 11/08/2021

Disclaimer: The Arizona Department of Education is providing these guidelines as technical assistance to the field. These guidelines are how the Arizona Department of Education interprets the below statutes and are not binding nor is it legal advice. If you have any legal questions, please consult an attorney.

INTRODUCTION

Local educational agencies are required to provide all children who reside within the school district with equal access to public education at the elementary and secondary level. The U.S. Supreme Court held in *Plyer v. Doe*, 457 U.S. 202 (1982), that the undocumented or non-citizen status of a student (or his or her parent/guardian) is irrelevant to that student's entitlement to an elementary and secondary public education. However, pursuant to A.R.S. § 15-823, a school district or charter school may not include non-Arizona-resident pupils in their student count and may not obtain state aid for those pupils.

In Arizona, the "district of residence" of a student is determined by the residency of the parent or guardian with whom the student lives. In some cases, the district of residence may also be determined by the residency of a relative who is seeking legal guardianship or custody of a student. A.R.S. § 15-821(D). In addition, if a school district governing board determines that a student's "physical, mental, moral or emotional health is best served by placement with a grandparent, brother, sister, stepbrother, stepsister, aunt or uncle who is a resident within the school district," and the placement with that relative is not "solely for the purpose of obtaining an education in this state without payment of tuition," the student is considered a resident of the district. A.R.S. § 15-823(C).¹

Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that student/parent residency information is accurate and verifiable. **While a district may restrict attendance to district residents based on available classroom space,² inquiring into students' citizenship or immigration status, or that of their parents or guardians, is not relevant to establishing residency within the district. A school district or charter school may not bar a student from enrolling because he or she lacks a birth certificate or has records indicating a foreign place of birth, such as a foreign birth certificate.³**

The Arizona Department of Education may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student's residency through documents provided by the parent/guardian may be required to repay the state aid received for that

¹ See also *Martinez v. Bynum*, 461 U.S. 321 (1983).

² Pursuant to A.R.S. § 15-816 and A.R.S. § 15-816.01, Arizona's mandatory open enrollment policies allow a student to apply for admission and transfer to any public school of his or her choice, based on available classroom space, even if it is outside of the student's district of residence. There are two basic types of open enrollment policies: 1) Intra-district: Students transfer to another school within the resident school district, or 2) Inter-district: Students transfer to a school outside of their resident district.

³ For more information, please read <https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201405.pdf>.

student. The following are examples of verifiable documentation parents may provide to demonstrate that they reside in a district.

VERIFIABLE DOCUMENTATION

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 **must be provided at initial enrollment of a student in a school district or charter school in this state and reaffirmed, although not necessarily recollected, during the district or charter's annual registration process. This process will vary by the school, school district, or charter school (i.e. an annual form asking parents to confirm address).**

Every school district or charter school is required,⁴ within 30 days of enrollment, to obtain a certified copy of a pupil's birth certificate or other reliable proof of the pupil's identity and age,⁵ or a letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law. A school district or charter school **MAY** seek photo identification from the person enrolling a student to ensure that the adult is entitled to enroll the student in school, as long such a requirement does **NOT** unlawfully bar a student from enrolling in school.⁶

In case of an ADE Audit, the school, school district or charter school will be asked what process is used and what documentation is obtained via this process. If the student's residence has not changed, an affirmation (via a checkbox) that the previously provided proof of residency remains accurate should be sufficient. The documentation supporting Arizona residency should be maintained according to the school's records retention schedule.

For members of the armed services, a school may enroll a student if the parent provides a hard-copy or electronic document of their transfer or pending transfer to a military installation within the state. The parent must provide official documentation of residency within ten days after the arrival date which may include a temporary on-base billeting facility as their address. **PROOF OF RESIDENCY IS NOT REQUIRED FOR HOMELESS STUDENTS.**⁷ 42 U.S.C. § 11 432(g)(3)(C)(i).

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent or legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family's household is multi-generational. Different documentation is required for each circumstance.

- 1. Parent(s) or legal guardian(s) that maintains his or her own residence:** The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or

⁴ A.R.S. § 15-828.

⁵ Other proof of the pupil's identity/age includes: pupil's baptismal certificate, an application for social security number or original school registration records and an affidavit explaining inability to provide a copy of the birth certificate, A.R.S. § 15-828 (A)(1)-(3).

⁶ For more information, please read U.S. DOJ Civil Rights Division "Fact Sheet: Information on the Rights of All Children to Enroll in School", <https://www.justice.gov/sites/default/files/crt/legacy/2014/05/08/plylerfact.pdf>.

⁷ Per A.R.S. § 15-824 (C), "Homeless student" means a pupil who has a primary residence that is: (1) A supervised publicly or privately operated shelter designed to provide temporary living accommodations; (2) An institution that provides a temporary residence for individuals intended to be institutionalized or; (3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

charter school in which the student is being enrolled, and provide **one** of the following documents, which bear the parent or legal guardian's full name and residential address or physical description of the property where the student resides (no P.O. Boxes):

- Valid Arizona driver's license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Property deed/Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement or off-base military housing)
- Utility bill (water, electric, gas, cable, phone)
- 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 located in Arizona
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)
- Temporary on-base billeting facility (for military families)
- Under A.R.S. § 41-5001(A), school districts and charter schools must accept consular identification cards that are 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.⁸

*A model Arizona Residency Documentation Form is available for schools at the end of this document.

2. **Parent(s) or legal guardian(s) that does not maintain his or her own residence:** The parent or legal guardian must have an **affidavit of shared residency** form completed indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit for the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the bulleted list bearing the name and address of the person who maintains the residence.

*A model Affidavit of Shared Residence form is available for schools at the end of this document.

USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS

School officials must **retain a copy** of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indication of residency; however, documentation is subject to audit by the Department.

Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing. **MOST INFORMATION PROVIDED BY PARENTS AND GUARDIANS TO ARIZONA PUBLIC SCHOOLS IS AN EDUCATIONAL RECORD MADE CONFIDENTIAL UNDER THE FEDERAL EDUCATIONAL RIGHTS AND PRIVACY ACT AND ARIZONA LAW UNLESS DESIGNATED BY THE SCHOOL AS**

⁸ See *Amphitheater Unified Sch. Dist. No. 10 v. Harte*, 128 Hart Ariz. 233, 234 (1981), § 15-187(C); noting that school districts and charter schools are political subdivisions.

DIRECTORY INFORMATION. A PARENT OR GUARDIAN MAY OPT OUT OF DIRECTORY INFORMATION IN ACCORDANCE WITH DISTRICT POLICY. OTHERWISE, EDUCATIONAL RECORDS ARE ONLY USED FOR LEGITIMATE EDUCATIONAL PURPOSES.



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)
- _____ 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 have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date



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)
- _____ 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

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 INFORMATION

Name: _____ Middle: _____ Legal Last Name: _____

Date of Birth: _____

Student's Physical Address: _____ City: _____ Zip Code: _____

Mailing address: _____

Gender: Male Female Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: (mark all that apply) White Black or African American American Indian or Alaska Native
 Asian Native Hawaiian or other Pacific Islander

Grade (Mark One):	KG	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>
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Please mark the corresponding checkbox with your answer:

- 1) Do you currently have a device at home for your child (computer/tablet/laptop) YES NO
- 2) Access to the internet at home? YES NO

Has your child ever received any of the following: Special Ed Gifted Title I ELL Speech

Other: _____

Mother's information:

First Name:	Last Name:	Home Phone:
Address:		Cell Phone:
Mailing Address:	Employer:	Work Phone:
E-mail address:	Date of birth:	

Father's Information:

First Name:	Last Name:	Home Phone:
Address:		Cell Phone:
Mailing Address:	Employer:	Work Phone:
E-mail address:	Date of birth:	

Legal Guardian/Other Information: Legal Guardian Step Parent Other:

First Name:	Last Name:	Home Phone:
Address:		Cell Phone:

Mailing Address:	Employer:	Work Phone:
E-mail address:	Date of birth:	

Custody of Student: Joint Mother Father State Temporary Other:

Student lives with: Both Parents Mother Father Guardian Foster Other:

Other Children living in the home:

Name:	School and grade:	Age:
Name:	School and grade:	Age:
Name:	School and grade:	Age:
Name:	School and grade:	Age:
Name:	School and grade:	Age:

I Certify, by my signature, that I am either the parent or guardian of the above student and that the above information is true, accurate and up to date.

Parent/Guardian signature: _____

Date: _____

PARENT NOTIFICATION

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children, UNLESS a parent has a court order that indicates which parent has custody of the child/children.

The school MUST HAVE A COPY OF THE COURT ORDER on file, otherwise either parent may check the child out of the school with proper identification, and have parental rights regarding educational decisions for the child/children

I have read the above statement of the law.

STUDENT'S NAME: _____

GRADE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

NOTE: The courts must handle custody disputes. The school has no legal jurisdiction to refuse a biological parent access to their child and/or school records. The only exception is when signed restraining orders or proper divorce/custody papers, specifically stating visitation limitations, are on file in the school office. Any student release situation, which leaves the student's welfare in question, will be handled at the discretion of the site administrator or designee. Should any such situation become a disruption to the school, the Sheriff's Office will be contacted and a Deputy will be requested to intervene.

Parents are asked to make every attempt not to involve the school in custody matters.

The school nurse, or designee, has my permission to give my child over the counter medication as checked. Please remember that some of the medication is not available at the school and it is the responsibility of the parent to provide them.

Acetaminophen/Generic Tylenol Dosage:	Ibuprofen/Generic Advil Dosage:	Hydrocortisone Cream	Antacids/Tums
Anbesol/Orajel	Cough Drops	Hydrogen Peroxide	Pepto Bismol
Antibiotic Ointment	Eye wash	Calamine/Caladryl lotion	

NOTE: Medication will not be given without written permission. All other medications must be supplied in the original container by the parent with written instructions and permission. Per A.R.S. § 15-344 medication may never be carried by the student. The only exceptions being asthma inhalers or epi-pens with written instructions from the physician and parent in the student's medical file.

EMERGENCY MEDICAL INFORMATION

NAME OF STUDENT:	GRADE:
BIRTH DATE: / /	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

MOTHER OR GUARDIAN:

NAME:

FATHER OR GUARDIAN:

NAME:

Your child will not be released to any other person without your written permission.

Name:	Relationship:	Phone Number:	Work Phone:
Name:	Relationship:	Phone Number:	Work Phone:
Name:	Relationship:	Phone Number:	Work Phone:
Name:	Relationship:	Phone Number:	Work Phone:

Health insurance provider:

AHCCS/Kids care:	Policy Number:	<input type="checkbox"/> None
Private:	Policy Number:	

Family physician: _____ Phone Number: _____

Family Dentist: _____ Phone Number: _____

I give permission for my child to be transported to the nearest emergency medical facility by whatever means necessary to secure further emergency care as determined by the school district. YES NO

I give consent for treatment deemed necessary for my child by my family physician or physician rendering services at a medical facility to which my child has been transported for emergency treatment. YES NO

I give permission for Owens-Whitney School District to secure emergency medical treatment for my child as needed in the event that I cannot be reached. It is understood that the school will make every effort to contact the parent or guardian and other persons listed above before arranging for transportation to an emergency facility. YES NO

APPLICATION FOR TRANSPORTATION REIMBURSEMENT

This is to certify that the undersigned is the parent/guardian of a minor child/children who live at least three miles from the District School. The undersigned hereby requests reimbursement funds for the transportation of said child/children to the District School. Transportation reimbursement will be 62 ¢ per mile.

If, for some reason, the mileage changes, it is the responsibility of the parent/guardian to notify the school in writing of the number of days and the distance of the alternate route. These changes must be submitted by the first Thursday of each month. If the changes are not submitted on time, reimbursement will be calculated using the original mileage.

NOTE: You may include all your children on one form. You do not need to fill out this form for each child.

TOTAL MILEAGE FROM HOME TO SCHOOL:		
NAME	AGE	GRADE

Parent/Guardian 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 _____ District _____
 Student ID _____
 Date of Birth _____ SSID _____
 Parent/Guardian Signature _____ Date _____
 District or Charter _____
 School _____

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

In AzEDS, please indicate the student's home or primary language. (Revised 01-2019)

CONFIDENTIAL MCKINNEY-VENTO HOMELESS EDUCATION ASSISTANCE PROGRAM ELIGIBILITY QUESTIONNAIRE

Your child may be eligible for additional services through the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. To determine eligibility, please complete this form. All information is confidential.

1. Is the student's home address a temporary living arrangement? Yes ____ No ____
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes ____ No ____

If you answered YES to BOTH of the above questions please complete the remainder of the form.

If you answered NO to BOTH of the above questions, you may STOP here. Thank you.

Where is the student currently living?

- In a motel
- In a shelter
- Temporarily staying with one or more families in a residence
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, campsite or the forest
- In a place without electricity, heat, or water

Name of Student: _____ School: _____ Grade: _____

Other children in the family:

Name: _____	School: _____	Grade: _____
Name: _____	School: _____	Grade: _____
Name: _____	School: _____	Grade: _____
Name: _____	School: _____	Grade: _____

The undersigned Parent/Guardian certifies that the information provided is correct. False claims about living situations may affect enrollment.

Name of Parent(s)/Guardian(s): _____

Physical Address: _____

Telephone Numbers (cell, home, work or contact): _____

Signature of Parent/Guardian _____ Date _____

For School Staff Only: Please immediately forward completed form to McKinney-Vento Homeless Education Assistance Program Liaisons.

Parent/Guardian/Student Tear Form Here

If you have any questions or believe you qualify for the McKinney-Vento Homeless Education Assistance Program, please call Owens Whitney McKinney-Vento Liaison Lee Gurney at (928) 765-2311 to access services.

The following is a list of possible services available from Owens Whitney School District for eligible McKinney-Vento students.

- Immediate school enrollment, Transportation to/from School, School Supplies, Tutoring, Free School breakfast/Lunch, Clothing & Toiletries, Information and Referrals to Community Services, Assistance in obtaining immunization records and birth certificates

PROGRAM MEDIA RELEASE

Background: During the school year, students may be photographed, recorded or filmed by Owens-Whitney School staff or other approved individuals. Students may also create schoolwork and/or other intellectual property, such as artwork, essays, and poetry ("creative work") as part of the educational process.

Purpose: The purpose of this Release is to give the District permission and authority to use and/or publish your and/or your child's name, image, and/or creative works to further the District's educational mission.

Consent and release: By signing below, I do hereby:

1. Authorize Owens-Whitney Unified School District to use, release, and/or publish my and/or my child's photographs, pictures, portraits or images herein described in any and all forms and media and in all manners, including creative work, for the purposes of publicity, illustration, publishing (including publishing in electronic form on CDs or internet websites), for any product or services, or other lawful uses as may be determined by OWUSD, without prior notice or compensation. The District may exercise its rights as it deems appropriate for its productions, for advertising, Facebook and Social Media, and for other purposes. By signing below, I intend for the District to rely upon this Release; and
2. Release the District and its legal representatives for any and all claims related to the description above. I waive the right to inspect or approve any finished product, including written or electronic, wherein mine or my child's name, recording or photographs appear.

I have read and fully understand the terms of this release.

Student Name: _____ **Date:** _____ **Grade:** _____

Parent/Guardian Printed Name: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(Required for all students under 18)

I am the parent or legal guardian of the above-mentioned minor and have the legal right and authority to execute the above release on behalf of the minor and knowingly and voluntarily do so.

INTERNET USE AGREEMENT

Please read this document carefully. When signed it becomes a binding agreement.

Terms and Conditions

Acceptable use. I will use the service to support personal educational objectives within the educational goals and objectives of the School District. Inappropriate use may result in cancellation of use of information services and/or appropriate disciplinary action. I will not submit, publish, display, or retrieve materials forbidden by statutes, laws, or District policies and regulations.

Personal responsibility. I will report any misuse of the information service to a parent, teacher, or the system administrator, as appropriate. I understand that many services and products are available for a fee and acknowledge the 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.
- *Avoid disruptions.* I will not use the network in any way that would disrupt use of the system by others.
- *Observe these other considerations:*
 - Be brief;
 - Try to use correct spelling and make messages easy to understand;
 - Use short and descriptive titles for my articles;
 - Post only to known groups.

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 that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Student's Printed Name: _____ **Grade:** _____

Student's Signature: _____ **Date:** _____

As the parent or guardian of this 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 information services. I also agree to report any misuse of the information services 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 solicitations, racism, sexism, inappropriate language, or other issues described in this agreement.

I accept full responsibility for supervision if, and when, my child's use of the information services is not in a school setting. I hereby give my permission to have my child use electronic information services.

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____ **Date:** _____

SPONSORING TEACHER

I have read this contract and agree to promote this agreement with the student. Because the student may use the network for individual work or in the context of another class, I cannot be held responsible for the student use of the network. As the sponsoring teacher, I agree to report any misuse of the information system to the District System Administrator. Misuse can come in any forms, but can be viewed as any message sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language and other issues described above.

Teachers Printed Name: _____ **Signature:** _____ **Date:** _____

****Fill out only if transferring from another school.*

AUTHORIZATION AND PERMISSION TO RELEASE MEDICAL, EDUCATIONAL AND/OR SPECIAL EDUCATION RECORDS

Student: _____ DOB: _____ Grade: _____

Previous School Attended: _____

Address (Previous School): _____

City/State/Zip (Previous School): _____

Phone Number (Previous School): _____

In compliance with the Family Education Rights and Privacy Act of 1974, I authorize the release of my child's school records, including gifted, educational, medical, social or special education information to Owens-Whitney Elementary School District No. 6.

Parent/Guardian Signature: _____ Date: _____

Relationship to Child: _____

Please send or fax all records, including Special Education Records to Owens-Whitney Elementary School's above address.

All records

Special Education Records: My child is currently receiving special education services in the following area(s)

Special Education Resource Special Education Self-Contained Speech ELL Title I

Other:

*NOTE: Please refer to parent handbook for information about **FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)***

PARENTVUE AND STUDENTVUE

We have added a new parent and student platform which will help us keep an open communication between teachers, parents and students. (Please read below)

- ParentVUE provides parents with an opportunity to review their student's course progress and assists parents in the monitoring of their child's educational progress by allowing them to opt in for automatic notifications.
- Parents and students will have near real-time access to information on assignments and grades, attendance, class schedules, graduation status and more.
- ParentVUE offers a single sign-on to view school information for all siblings, regardless of the grade level or school of attendance.
- ParentVUE and StudentVUE are available as a mobile app for both Android and iOS devices. Downloadable documents are available on [Mobile Apps](#) page including a comparison of ParentVUE Web vs. Mobile App
- Parents can review contact information (phone numbers and email addresses).
- Communication tools throughout ParentVUE and StudentVUE promotes the contact between home and school.
- While the website is accessible over the Internet, access is secured via a user name and password. Parents can see information about their children, only, and cannot see the records of other students

To access ParentVUE for the first time, you will receive an activation key and instructions from your child's school to set up your account. You will be able to access via web browser or mobile app.

To access StudentVUE, students will be provided a user name and password with instructions from your child's teacher.

If you have questions about or want to update your child's information, please contact the school.

Please provide us with a valid email below to set up your ParentVUE account. Cut along the dotted line and return the bottom portion with enrollment packet.

Parent's name: _____

Email address: _____

Cell phone number: _____



Owens-Whitney

Elementary School District #6

14109 Chicken Springs Road, PO Box 38
Wikieup, AZ 85360 Phone: (928) 765-2311

Governing Board:

Frank Dazzo, President
April Drane, Member
Darla Lange, Member

Owens Elementary Parents/Guardians:

The Owens-Whitney Elementary School is happy to inform you that we will be offering reimbursements for parent provided breakfast and lunch this school year! Due to the high cost of providing school lunches to a small population, the Governing Board has approved a plan to reimburse parents for providing their child breakfast and lunch when school is in session. The school will no longer provide school meals.

The following guidelines have been developed for Meal Reimbursements:

- Breakfast will be reimbursed at a rate of \$3.00 per day.
- Lunch will be reimbursed at a rate of \$5.00 per day.

The following guidelines will apply if you wish to receive reimbursement for your students' meals:

- 1.) Meals must be brought to school, and consumed in the cafeteria at designated meal times.
- 2.) Meals must be nutritious and balanced. (Not bare minimum and purely junk food)

It is our hope that this incentive will help you provide nutritious meals for your child/children throughout the school year.

If you have any questions or concerns, please feel free to contact Michael Ballard at 928-765-2311 or email at: mikey.b@owens-whitney.org

Thank you,

A handwritten signature in black ink that reads "Michael Ballard". The signature is written in a cursive, flowing style.

Michael Ballard

Michael Ballard

Building Secretary

School "Rules and Guidelines"

1. BREAKFAST:
 - a. Breakfast is from 7:45 – 8:00 a.m.
 - b. After the 8:00 a.m. bell rings, students need to go to the classroom straight from the cafeteria
2. CLASSROOM:
 - a. NO CELL PHONES IN CLASS. All cell phones are to be placed in the box at the teachers' desks until the end of the school day.
 - b. No personal laptop computers, music players, etc. will be allowed.
 - c. ALL toys or anything that could be used as a distraction, should not be brought to school.
 - d. Backpacks and coats are not allowed at desks and should be placed on the hooks provided in the classroom.
3. DRESS CODE:
 - a. No hats or hoods will be worn in any building, except on a designated school spirit day.
 - b. No sheer clothing (shirts or leggings) are allowed.
 - c. Shorts must be longer than fingertips when placed straight by the side of the legs.
 - d. Pants/shirts – no midriff (belly area) are to be shown when standing or moving
 - e. Tank tops – straps must be wider than 3 inches
4. DISCIPLINE:
 - a. No touching, kicking, pinching or name calling will be tolerated. This is Bullying and students will receive a write-up and/or detention.
 - b. The following steps will be taken regarding discipline issues:
 1. Classroom teacher
 2. Mrs. Ballard
 3. Letter home – to be signed and returned
 4. Detention from 3:30 to 4:00 p.m.
 5. Mrs. Gurney, Administrator/ Dean of Students
5. SCHOOL WORK
 - a. All class work will be done on time and turned in. No late work will be accepted.
 - b. If a student is absent, they will be given one day to make up their work for each day they were absent.
 - c. Same rules will apply for online instruction: ALL work must be turned in on time.
6. LUNCH & RECESS
 - a. This is the time for restroom breaks. No breaks will be given during direct instruction, unless it is an emergency.
7. FOOD AND DRINKS:
 - a. No food in the classroom or at the desk, unless during a school/class party

- b. No designated snack time.
 - c. NO GUM on school property. Mints are allowed as long as trash is appropriately taken care of and the privilege is not abused (teacher's discretion).
 - d. No soda or coffee, only water is allowed and it must be in a clear container with a lid that locks or screws on.
8. **CONSTRUCTION:** If construction of any kind is currently happening on school grounds, stay away from taped/blocked off areas. Teachers will give specific instructions, if necessary. Safety is important! Please follow the rules!