

**REGISTRATION FORM: CARTWRIGHT SCHOOL DISTRICT NO. 83: 5220 W Indian School Rd. Phoenix, AZ 85031**

|                                   |       |         |                |
|-----------------------------------|-------|---------|----------------|
| Student's Name on Legal Document: |       |         | Date of Birth: |
| Last                              | First | Middle  | mm/dd/yyyy     |
| Student's Birthplace:             |       |         | Gender:        |
| City                              | State | Country | ____ M ____ F  |

**Part 1 and Part 2 questions must be answered: (If not completed, school official has authority to make appropriate selections.)**

**Part 1 Ethnicity (check one)** \_\_\_\_ Hispanic/Latino \_\_\_\_ NOT Hispanic/Latino

**Part 2: Race (choose one or more)** \_\_\_\_ American Indian or Alaskan Native \_\_\_\_ Asian \_\_\_\_ Black/African American \_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_ White  
 \_\_\_\_ Other \_\_\_\_\_  
 Tribal Name (if applicable)

**PREVIOUS SCHOOL INFORMATION**

Has student ever attended a Cartwright District school? \_\_\_\_ Yes \_\_\_\_ No Foreign Exchange: \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
 Name of last school attended **Inside** Cartwright School District. What year did student first attend U.S. School?  
 \_\_\_\_\_

\_\_\_\_\_  
 Name of last school attended **Outside** Cartwright School District

**Mother's Name on Legal Document:** \_\_\_\_\_  
 Last First Middle

**CONTACT INFORMATION**

**Student's Present Address:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

|   |             |        |   |                     |                    |       |
|---|-------------|--------|---|---------------------|--------------------|-------|
| Street No.  | Street Name | City   | State   | Zip                 | Apt. No.           | _____ |
| <b>Mother's/Stepmother's/Guardian's Name</b>          |             |        | Work Phone                                      | Employer/Occupation |                    |       |
| Last  | First       | Middle | _____   |                     | _____              |       |
| Mailing Address (if different from student's address) |             |        | Home Phone (if different from above)/Cell/Other |                     | Lives with Student |       |
| _____   |             |        | _____   |                     | ____ Yes ____ No   |       |
| Email _____   |             |        | _____   |                     |                    |       |
| <b>Father's/Stepfather's/Guardian's Name</b>          |             |        | Work Phone                                      | Employer/Occupation |                    |       |
| Last  | First       | Middle | _____   |                     | _____              |       |
| Mailing Address (if different from student's address) |             |        | Home Phone (if different from above)/Cell/Other |                     | Lives with Student |       |
| _____   |             |        | _____   |                     | ____ Yes ____ No   |       |
| Email _____   |             |        | _____   |                     |                    |       |

|   |  |
|---|--|
| <p><b>Person other than parent who may care for child who becomes ill at school:</b></p> <p>Name _____</p> <p>Address _____</p> <p>Home Phone _____ Work Phone _____</p> <p>Relationship to Student _____</p> | <p>In case of serious or life-threatening situation, paramedics will be contracted for treatment and transportation.</p> <p>It is the responsibility of the parent to provide transportation for a sick child.</p> |
|---|--|

**X** \_\_\_\_\_  
 SIGNATURE OF PARENT OR GUARDIAN DATE

|  |                                       |                   |               |
|--|---------------------------------------|-------------------|---------------|
| <b>FOR CARTWRIGHT USE ONLY</b>             |                                       |                   |               |
| Teacher: _____                             | Room #: _____                         | Grade: _____      | SAIS #: _____ |
| School #: _____                            | Next Year School #: _____             | Entry Date: _____ | ID #: _____   |
| Previous School's CTDS and School #: _____ | Previous School's Student ID #: _____ |                   |               |

|                          |
|--------------------------|
| DO NOT RELEASE CHILD TO: |
|                          |
|                          |
|                          |
|                          |

**Emergency Information Update**

|                 |   |
|-----------------|---|
| SCHOOL USE ONLY |   |
| Student ID      |   |
| Teacher         |   |
| Grade           | Room #  |
| Bus Rider:      | <input type="checkbox"/> Yes <input type="checkbox"/> No Walker: <input type="checkbox"/> Yes <input type="checkbox"/> No |

**PLEASE RETURN IMMEDIATELY**

|                            |             |   |
|----------------------------|-------------|---|
| Student's Legal Last Name: | First Name: | Middle Name:  |
| Birthdate: / /             | Age:        | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Student Lives With <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian |
| Address:                   | City:       | Zip:  |

|   |             |             |
|---|-------------|-------------|
| <input type="checkbox"/> Father <input type="checkbox"/> Step <input type="checkbox"/> Guardian Name: | Home Phone: |             |
| Employer:   | Work Phone: | Cell Phone: |
| Email:  |             |             |

|   |             |             |
|---|-------------|-------------|
| <input type="checkbox"/> Mother <input type="checkbox"/> Step <input type="checkbox"/> Guardian Name: | Home Phone: |             |
| Employer:   | Work Phone: | Cell Phone: |
| Email:  |             |             |

|                                  |      |       |      |
|----------------------------------|------|-------|------|
| Brothers/Sisters living at home: |      |       |      |
| Name:                            | DOB: | Name: | DOB: |
| Name:                            | DOB: | Name: | DOB: |

|   |               |        |  |
|---|---------------|--------|--|
| Emergency Contact(s): Other than Parent (Must be 18 years or older) |               |        |  |
| Name:   | Relationship: | Phone: |  |
| Name:   | Relationship: | Phone: |  |
| Name:   | Relationship: | Phone: |  |
| Daycare Provider :  | Phone:        |        |  |

**MEDICAL INFORMATION**

|   |                      |
|---|----------------------|
| <input type="checkbox"/> Medical Insurance / <input type="checkbox"/> AHCCCS:   | Hospital Preference: |
| Primary Care Physician:   | Phone:               |
| Medical Conditions / Illnesses:   |                      |
| Allergies: <input type="checkbox"/> Seasonal <input type="checkbox"/> Food _____ <input type="checkbox"/> Medication _____ <input type="checkbox"/> Other _____ |                      |
| Current Medications:  |                      |

My child may receive the following treatments at school per the health office's discretion: (Check Yes / No)

|   |  |  |  |
|---|--|--|--|
| Chloraseptic Spray (sore throat)        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cough Drops (cough)                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Calamine/Caladryl Lotion (insect bites) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Saline Eye Wash (eye irritation)                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antibiotic Ointment (cuts/abrasions)    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Oil of Cloves (toothache)                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Oxygen (Emergencies Only)               | <input type="checkbox"/> Yes <input type="checkbox"/> No | Camphophenique (fever blisters)                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Acetaminophen (generic Tylenol)         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ibuprofen (generic Advil) <b>Only 12 years and older</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTIFY THE SCHOOL HEALTH OFFICE IMMEDIATELY IF INFORMATION ON THIS FORM CHANGES DURING THE SCHOOL YEAR

## Health History

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Filled out by: \_\_\_\_\_ Date filled out: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_

### MEDICAL HISTORY OF STUDENT: Please indicate dates:

|  |             |                                     |                 |
|--|-------------|-------------------------------------|-----------------|
| ADD/ADHD <input type="checkbox"/>  | Date noted: | Asthma <input type="checkbox"/>     | Date noted:     |
| Allergies: Seasonal: <input type="checkbox"/> Medication: <input type="checkbox"/> Food: <input type="checkbox"/><br>Other: <input type="checkbox"/> |             | Date noted:                         | Specify allergy |
| Chicken Pox <input type="checkbox"/>   | Date noted: | Diabetes <input type="checkbox"/>   | Date noted:     |
| Heart Problems: <input type="checkbox"/><br>Specify:   | Date noted: | Hemophilia <input type="checkbox"/> | Date noted:     |
| Seizures: <input type="checkbox"/><br><b>Seizure care plan must be completed</b>   | Type:       |                                     | Date noted:     |
| Other:<br>Specify  |             |                                     | Date noted:     |

### SURGICAL HISTORY OF STUDENT: (Please indicate dates)

|  |   |                                       |   |                                       |        |
|--|---|---------------------------------------|---|---------------------------------------|--------|
| Appendectomy <input type="checkbox"/><br>Date:   | Hernia <input type="checkbox"/><br>Date:                              | Ear <input type="checkbox"/><br>Date: | Tonsillectomy <input type="checkbox"/><br>Date: | Eye <input type="checkbox"/><br>Date: | Other: |
| <b>Special Tests:</b>  | Sicklecell <input type="checkbox"/><br>Date:                          | Result:                               | Tuberculosis:<br>Date:                          | Results:                              |        |
| Major illness or injuries? Please Explain:   |   |                                       |   |                                       |        |
| Is your child currently taking medications?  | Y <input type="checkbox"/> N <input type="checkbox"/>                 |                                       |   |                                       |        |
| Medication   | Reason  |                                       |   |                                       |        |
| Medication   | Reason  |                                       |   |                                       |        |
| Has your child ever taken any medications over a long period of time?                    | Y <input type="checkbox"/> N <input type="checkbox"/><br>Please list: | Medication: _____<br>Reason: _____    |   |                                       |        |
| Does your child have any identified vision or hearing difficulties?                      | Y <input type="checkbox"/> N <input type="checkbox"/>                 | Explain: _____                        |   |                                       |        |
| Does your child have any Handicaps or Other Significant conditions we should know about? | Y <input type="checkbox"/> N <input type="checkbox"/>                 | Explain: _____                        |   |                                       |        |

### Developmental History

"Yes" answers please provide an explanation.

|  |                     |              |   |
|--|---------------------|--------------|---|
| Mother's age at birth  | Length of pregnancy | Birth weight |   |
| Single birth? Y <input type="checkbox"/> N <input type="checkbox"/>                      | Number of babies    | Premature    | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Problems during pregnancy Y <input type="checkbox"/> N <input type="checkbox"/> Explain: |                     |              |   |
| Medications/Drugs used Y <input type="checkbox"/> N <input type="checkbox"/> Explain:    |                     |              |   |
| Use of alcohol/tobacco Y <input type="checkbox"/> N <input type="checkbox"/> Explain:    |                     |              |   |

### Developmental Milestones

|                            | EARLY                                   | TYPICAL                             | LATE                                   | IF LATE, WHEN? |
|----------------------------|---|-------------------------------------|--|----------------|
| Sat Alone                  | <input type="checkbox"/> Before 5 mths  | <input type="checkbox"/> 5-8 mths   | <input type="checkbox"/> After 8 mths  | _____          |
| Crawled                    | <input type="checkbox"/> Before 6 mths  | <input type="checkbox"/> 6-10 mths  | <input type="checkbox"/> After 10 mths | _____          |
| Walked without assistance  | <input type="checkbox"/> Before 10 mths | <input type="checkbox"/> 10-15 mths | <input type="checkbox"/> After 15 mths | _____          |
| Said first few words       | <input type="checkbox"/> Before 10 mths | <input type="checkbox"/> 10-16 mths | <input type="checkbox"/> After 16 mths | _____          |
| Talked in 2-3 word phrases | <input type="checkbox"/> Before 15 mths | <input type="checkbox"/> 15-24 mths | <input type="checkbox"/> After 24 mths | _____          |
| Toilet Trained             | <input type="checkbox"/> Before 2 years | <input type="checkbox"/> 2-3 years  | <input type="checkbox"/> After 3 years | _____          |



## Arizona Department of Education

Office of English Language Acquisition Services

### Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

**1. What language do people speak in the home *most* of the time?**

---

**2. What language does the student speak *most* of the time?**

---

**3. What language did the student first speak or understand?**

---

|                                 |                           |
|---------------------------------|---------------------------|
| 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 enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)

Office of English Language Acquisition Services  
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • [www.azed.gov/oelas](http://www.azed.gov/oelas)

# SPECIAL PROGRAMS RECORDS

American Indian or Native Alaskan  
 Asian or Pacific Islander  
 Hispanic  
 Black, Not Hispanic Origin  
 White, Not Hispanic Origin

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Teacher: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**A. SPECIAL ENGLISH**

Has this student been enrolled in Special English?  
Program (Bilingual, English Immersion, etc.)? Yes \_\_\_ How long? \_\_\_\_\_ Where? \_\_\_\_\_

**B. READING PROGRAM**

Has this student been enrolled in a reading intervention program? Yes \_\_\_ How long? \_\_\_\_\_ Where? \_\_\_\_\_

**C. SPECIAL EDUCATION**

Is this student presently receiving Special Education?

*Please fill in the appropriate columns:*

|                                  | YES | HOW LONG? |  | WHERE? |
|----------------------------------|-----|-----------|--|--------|
| Specific Learning Disability     |     |           |  |        |
| Speech / Language Impaired       |     |           |  |        |
| Hearing Impaired                 |     |           |  |        |
| Visually Impaired                |     |           |  |        |
| Mild Intellectual Disability     |     |           |  |        |
| Moderate Intellectual Disability |     |           |  |        |
| Severe Intellectual Disability   |     |           |  |        |
| Emotionally Disabled             |     |           |  |        |
| Preschool Developmental Delay    |     |           |  |        |
| Other:                           |     |           |  |        |

**D. 504**

Does this student presently have a 504 plan?  

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**X** \_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

**DISPOSITION OF PROGRAM INFORMATION – To be filled in by appropriate program teacher.**

1. Testing Procedure \_\_\_\_\_
2. Placement \_\_\_\_\_

*After you have tested this child and have filled in the Disposition section, distribute this form as follows:*

- WHITE: Student's Permanent Record
- YELLOW: Chapter Programs or Special Services Consultants
- PINK: Classroom Teacher



# CARTWRIGHT SCHOOL DISTRICT NO. 83

5220 W. Indian School Rd. Phoenix, AZ 85031 (623) 691-4000 www.csd83.org

*Learning for all. Every child, every school, every day.*

*One Team, Una Familia!*

## **Cartwright School District Photo/Audio/Video Release**

Cartwright School District Staff often takes photographs and videos of students and class activities. These photos are used in district publications such as newsletters, brochures and on the District website. Additionally, local news media sometimes covers Cartwright District events and programs where your child may be present. By signing this form, you authorize photos of your child to be used in Cartwright related publications and to appear in the newspaper and on television broadcasts.

Cartwright School District #83 has my permission to photograph, videotape and/or interview my child for use in district publications and outside news media sources.

## **Distrito Escolar Cartwright, Autorización para Fotos/Audio/Video**

El personal del Distrito Escolar Cartwright a menudo toma fotografías y videos de los estudiantes y actividades de clase. Estas fotos se utilizan en las publicaciones del distrito, tales como boletines de noticias, folletos y en la página web del Distrito. Además, los medios de comunicación locales a veces cubren eventos y programas en los que su hijo puede estar presente. Al firmar este formulario, usted autoriza que fotos de su hijo(a) puedan ser utilizadas en publicaciones relacionadas al Distrito Escolar Cartwright y que aparezcan en los periódicos y en las emisiones de televisión. El Distrito Escolar

Cartwright#83 tiene mi autorización para fotografiar, filmar y / o entrevistar a mi hijo(a) para su uso en publicaciones del distrito y fuentes de medios de comunicación externos.

\_\_\_\_\_  
Parent Signature/Firma del padre Date/Fecha

\_\_\_\_\_  
Student Signature/Firma del Estudiante Date/Fecha



# CARTWRIGHT SCHOOL DISTRICT NO. 83

5220 W. Indian School Rd. Phoenix, AZ 85031 (623) 691-4000 www.csd83.org

*Learning for all. Every child, every school, every day.*

*One Team, Una Familia!*

## ADMISSION OF RESIDENT STUDENTS

### 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 (ACP) 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. (JFAA-EB)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

## JR-EB

### EXHIBIT

#### STUDENT RECORDS

#### REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

Under the Family Educational Rights and Privacy Act (FERPA), the following information is considered "directory information" and may be released to anyone, including the media, colleges and universities, and the military without your prior written consent.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent.

Directory information includes:

- The student's name
- The student's address
- The student's telephone
- The student's photograph
- The student's date and place of birth
- The student's electronic mail address
- The student's enrollment status
- The student's dates of attendance
- The student's grade level
- The student's most recent educational agency or institution attended
- Student ID number, user ID, or other unique personal identifier used to communicate in electronic systems but only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as a PIN, password, or other factor known or possessed only by the authorized user.
- A student ID number or other unique personal identifier that is displayed on a student ID badge, but only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as a PIN, password, or other factor know or possessed only by the authorized user.

If you do not want any or all of the designated "directory information" about your son/daughter to be released to any person or organization without your prior signed and dated written consent, you must notify the District in writing.



The request to prevent disclosure of directory information will be honored for the current school year unless specifically revoked in writing. Continuing students must complete a new non-disclosure form each school year. Submission of this form will not affect directory information already published or released. If the school district does not receive this form from you, it will be assumed that your permission is given to release your son's/daughter's designated directory information.

By signing this form, I am informing the Cartwright School District #83 that I do not consent to the release of the above directory information about the student named below, to any person or organization without my prior written consent or as authorized by law.

**Please Print:**

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Cartwright School District #83**  
**McKinney Vento Eligibility Questionnaire**

This questionnaire is intended to address the McKinney Vento Act. The answers to the following questions will help to determine the services your student may be eligible to receive.

1. Is the student's home address a temporary living arrangement? Yes: \_\_\_\_\_ No: \_\_\_\_\_
2. If temporary, is this living arrangement due to loss of housing or economic hardship? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered **YES** to questions 1 and 2 please complete the bottom portion of the form. If you answered **NO** to either question, you may **stop** here. Thank you!

Where is the student currently living? *(please check any that apply)*

- \_\_\_\_\_ In a motel
- \_\_\_\_\_ In a shelter
- \_\_\_\_\_ Temporarily with more than one family in a house, mobile home or apartment (doubled- up)
- \_\_\_\_\_ In a place not designed for ordinary sleeping accommodations such as a car, park, campsite etc.
- \_\_\_\_\_ In a place without electricity, heat, or running water. (abandoned building)

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent Legal Guardian: \_\_\_\_\_

Temporary/ Current Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

*For Office Staff Only: Please send all completed forms to the McKinney Vento Liaison at the Cartwright School District office. Per McKinney guidelines, a copy should **not** be placed in the student's cumulative file. **Please do not make copies of this form.** For any questions please call the McKinney Vento Liaison at 623.691.5987.*

Enrolling School: \_\_\_\_\_ Staff Name: \_\_\_\_\_