



*One Team, Una Familia!*

# **Cartwright School District No. 83**

**5220 W. Indian School Rd  
Phoenix, AZ 85031  
Phone 623-691-4000  
Fax 623-691-4079**

## **Enrollment / Registration Checklist**

### **Required items to bring to the school**

- ☐ A certified copy of your child's birth certificate or a baptismal certificate or an application for a Social Security number
- ☐ Student's current Immunization records
- ☐ Proof of Residency  
(See the Arizona Residency Documentation form in packet below for documents that will be accepted)
- ☐ Parent/Guardian's Photo ID
- ☐ Report card/withdrawal slip from the previous school – if available.

### **Packet Forms** (can be downloaded and filled out ahead of time, but please sign & date when at the school)

- ☐ Student Enrollment form – filled out, signed and dated
- ☐ Student Health History form – filled out, signed and dated
- ☐ Home Language Survey form – filled out, signed and dated
- ☐ Arizona Residency Documentation form – filled out, signed and dated (with Registering student's name on it)
- ☐ Residency Questionnaire – filled out appropriately, signed and dated
- ☐ Unique Populations Questionnaire – filled out, signed and dated
- ☐ Medical Information – filled out, signed and dated
- ☐ Authorization to Release Student Records form – filled out, signed and dated

### **Possible additional items to bring**

- ☐ Custody documents (if applicable)
- ☐ Affidavit of Shared Residence (see last item on Arizona Residency Documentation Form)



## Enrollment Form

Families, begin here. Please fill out form completely.

### STUDENT INFORMATION

Legal Last Name		First	Middle	Suffix
Last Name Student Goes By (if different from above)		First Name/ Nickname Student Goes By (if different from above)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Grade	Birth Date	Birth City, State, Country		
Mother's Name as listed on Birth Certificate		Father's Name as listed on Birth Certificate		<b>STUDENT SERVICES</b> Has your child ever been enrolled in a Gifted Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever received Special Services, including Speech/Language? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you wish to talk to a social worker or counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ethnicity:</b> Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race</b> (Check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native: Tribal Name _____ CIB # _____			
Last School Attended	City, State	Phone		

### PARENTS/GUARDIANS - MUST BE LEGAL GUARDIANS - ALL OTHERS SHOULD BE LISTED AS EMERGENCY CONTACTS BELOW

PARENT/ GUARDIAN LIVES WITH STUDENT	Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Other legal guardian (please specify & provide legal document)			Gender: <input type="checkbox"/> M <input type="checkbox"/> F	School-to-home communication? <input type="checkbox"/> English <input type="checkbox"/> Spanish
	Last Name	First	Middle	<input checked="" type="checkbox"/> Lives with Student <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release to <input type="checkbox"/> Financial Resp.	
	Primary Phone Okay to Text? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	Phone 2 Okay to Text? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	Email		
	Address City, Zip		Mailing Address (if different) City, Zip		

PARENT/ GUARDIAN	Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Other legal guardian (please specify & provide legal document)			Gender: <input type="checkbox"/> M <input type="checkbox"/> F	School-to-home communication? <input type="checkbox"/> English <input type="checkbox"/> Spanish
	Last Name	First	Middle	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release to <input type="checkbox"/> Financial Resp.	
	Primary Phone Okay to Text? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	Phone 2 Okay to Text? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	Email		
	Address City, Zip		Mailing Address (if different) City, Zip		

**EMERGENCY CONTACTS**, other than parent/guardian listed above, that have permission to pick up child or be contacted for emergency or illness. Students will not be released to anyone not listed as an emergency contact.

1	First & Last Name	Phone	Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____
2	First & Last Name	Phone	Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____
3	First & Last Name	Phone	Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____
4	First & Last Name	Phone	Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____

Additional contacts, if needed, may be provided to the school office.

The information listed above is accurate and complete to the best of my knowledge.

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

Date \_\_\_\_\_

OFFICE USE ONLY	Most Recent AZELLA Date: _____	Afterschool Care: <input type="checkbox"/> Bus <input type="checkbox"/> PAC <input type="checkbox"/> Pick-up <input type="checkbox"/> Walk <input type="checkbox"/> Other: _____	Student Number	EDFI ID	
	Overall Proficiency Level: _____		School		Grade
	Most Recent ELL Program History Date: _____	Special Enrollment: <input type="checkbox"/> Resident <input type="checkbox"/> Resident Transfer <input type="checkbox"/> Non-Resident	Teacher	Section	Room
	<input type="checkbox"/> Most Recent ELL Program <input type="checkbox"/> Most Recent SPED Withdrawal <input type="checkbox"/> Most Recent Parent Withdrawal	Birth verification: <input type="checkbox"/> BC <input type="checkbox"/> BAP <input type="checkbox"/> INS <input type="checkbox"/> Adopt <input type="checkbox"/> Passport <input type="checkbox"/> NP	Age Sept. 1	Enter Date	Enter Code



## 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"/> 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"/> Specify:	Date noted:	Hemophilia <input type="checkbox"/>	Date noted:
Seizures: <input type="checkbox"/> Seizure care plan must be completed	Type:		Date noted:
Other: Specify			Date noted:

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

Appendectomy <input type="checkbox"/> Date:	Hernia <input type="checkbox"/> Date:	Ear <input type="checkbox"/> Date:	Tonsillectomy <input type="checkbox"/> Date:	Eye <input type="checkbox"/> Date:	Other:
Special Tests:	Sicklecell <input type="checkbox"/> Date:	Result:	Tuberculosis: 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"/>	Medication:
	Please list:	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 **Cartwright School District #83**

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 05-2023)



## ARIZONA RESIDENCY DOCUMENTATION FORM

**Including enrolling student(s), list all school age siblings living at the address on the proof of residency document:**

**Enrolling student:** \_\_\_\_\_ District: **C.S.D. #83**

Student: \_\_\_\_\_ District: **C.S.D. #83**

Student: \_\_\_\_\_ District: **C.S.D. #83**

Student: \_\_\_\_\_ District: **C.S.D. #83**

Parent/Legal Guardian \_\_\_\_\_  
PRINT NAME

As the Parent/Legal Guardian of the Student(s), 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(s) reside(s)**:

- \_\_\_ 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 (*most recent*)
- \_\_\_ Valid Residential lease or rental agreement (*signed by both landlord & tenant*)
- \_\_\_ Water, electric, gas, cable, or phone bill (*most recent and using the service address*)
- \_\_\_ Bank or credit card statement (*most recent*)
- \_\_\_ W-2 wage statement (*most recent*)
- \_\_\_ Payroll stub (*most recent*)
- \_\_\_ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe that contains an Arizona address.
- \_\_\_ Documentation from state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security) – (*most recent*)
- \_\_\_ 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 and/or my child(ren) have established residence in Arizona with the person signing the affidavit.

**X**

**SIGNATURE OF PARENT/LEGAL GUARDIAN**

**DATE**

\* For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



## Cartwright School District #83

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### Residency Questionnaire

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

1. Is your current 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 question 1 and 2, please complete the bottom of this form.

If you answered **NO** to either question 1 or 2, you may stop here. Thank you!

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

- ☐ In a motel  
☐ In a shelter  
☐ With more than one family in a house, mobile home, or apartment (doubled-up)  
☐ In a place not ordinarily used for sleeping (car, park, campsite, abandoned building, etc.)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_


Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

How long have you been at current address? \_\_\_\_\_

By signing, I attest this information is true and accurate

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

Would you like to be contacted regarding eligibility for transportation under McKinney-Vento? Yes: \_\_\_\_ No: \_\_\_\_

Enrolling School: \_\_\_\_\_

Office Use Only:

Name of Enrolling School Personnel: \_\_\_\_\_

For questions call or email McKinney-Vento Liaison, Phone: 623-691-1984

*Please scan yes/yes forms to the documents tab in Synergy (separately) & email the McKinney-Vento Liaison  
Do not place in cumulative folders (retain hard copies in separate file)*



**CARTWRIGHT SCHOOL**  
**DISTRICT NO. 83**  
*One Team, Una Familia!*

**For Office Use Only**

School Name: \_\_\_\_\_  
Enter Date: \_\_\_\_\_  
Student ID: \_\_\_\_\_

## Unique Populations Identification

Student's Legal Name (as it appears  
on birth verification document):

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Birthdate

Name Student Goes By:

\_\_\_\_\_

Last

\_\_\_\_\_

First

- 1 ☐ Yes ☐ No Have you worked in agriculture related jobs such as field work, fruit, or vegetable packing companies, dairies or ranches in the last 3 years?
- 2 ☐ Yes ☐ No Have you recently moved with the family from another city, state or country to work in the fields, packing companies, dairies or ranches?
- 3 ☐ Yes ☐ No Have you left Phoenix with the family to go to work in the fields, packing companies, dairies or ranches?

- 4 ☐ Yes ☐ No Is the student a refugee?

Country: \_\_\_\_\_

I-94 Alien  
Number: \_\_\_\_\_

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

- 5 Name of resettlement agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

- 6 Name of resettlement case manager: \_\_\_\_\_

Phone: \_\_\_\_\_

Ext: \_\_\_\_\_

- 7 ☐ Yes ☐ No Was child born outside of the United States?

**If Yes, what  
country?** \_\_\_\_\_

- 8 ☐ Yes ☐ No If child was born outside of the United States, are parents in the United States Military?

- 9 If child was born outside of the United States, list all schools attended for the **past 3 years**:

School Year	Grade	School Name	City	State	Country

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

If any answers are Yes, scan to the documents tab in Synergy (separately) & email Andrea Barrera at Educational Services



OFFICE USE ONLY

Student's Name	
Date of Birth	

PERM ID		Room #	
Grade		Teacher	

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: \_\_\_\_\_ Phone: \_\_\_\_\_

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

INFORMACIÓN MEDICA

<input type="checkbox"/> Seguro medico / <input type="checkbox"/> AHCCCS:		Hospital que Prefiere:	
Médico:		Tel:	
Condiciones médicas o enfermedades:			
Alergias: <input type="checkbox"/> Temporales <input type="checkbox"/> Comida: <input type="checkbox"/> Medicinas: <input type="checkbox"/> Otras:			
Medicinas que está tomando actualmente:			

Mi hijo(a) puede recibir los siguientes tratamientos en la escuela a discreción de la enfermera: (marca Sí / No)

Atomizador Chloraseptic (dolor de garganta)	<input type="checkbox"/> Sí <input type="checkbox"/> No	Caramelos para la tos (tos)	<input type="checkbox"/> Sí <input type="checkbox"/> No
Loción Calamine/Caladryl (picaduras de insectos)	<input type="checkbox"/> Sí <input type="checkbox"/> No	Enjuague salino para los ojos (irritación de los ojos)	<input type="checkbox"/> Sí <input type="checkbox"/> No
Pomada de Antibióticos (cortadas/abrasión)	<input type="checkbox"/> Sí <input type="checkbox"/> No	Aceite de clavo de olor (dolor de dientes)	<input type="checkbox"/> Sí <input type="checkbox"/> No
Oxígeno (emergencias solamente)	<input type="checkbox"/> Sí <input type="checkbox"/> No	Campho-phenique (para ampollas)	<input type="checkbox"/> Sí <input type="checkbox"/> No
Acetaminofeno (genérico de Tylenol)	<input type="checkbox"/> Sí <input type="checkbox"/> No	Ibuprofeno (genérico de Advil) <b>Solo para mayores de 12 años</b>	<input type="checkbox"/> Sí <input type="checkbox"/> No

Firma del Padre o Tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_ Tel: \_\_\_\_\_

FAVOR DE NOTIFICAR A LA ENFERMERA DE LA ESCUELA INMEDIATAMENTE SI LA INFORMACIÓN EN ESTA FORMA CAMBIA DURANTE EL AÑO ESCOLAR



# ESEA (Title I) Income Eligibility

The Arizona Department of Education provides the following FY 2024 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines based on the attached **ESEA (Title I) Income Eligibility Guidelines** schedule?

Indicator 1 ☐

Indicator 2 ☐

No ☐

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, worker's compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

<u>Child's Name</u>	<u>Name of School</u>	<u>Grade</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

I hereby certify that all the above information is true and correct.

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

These survey forms should be retained by the school or LEA and kept on file for a period of 5 years.

ESEA (Title I) Income Eligibility GUIDELINES

July 1, 2023- June 30, 2024

Income Eligibility 1

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Yearly	Monthly	Bi-Weekly		Weekly
			2 x Month (Bi-Monthly)	(Every Two Weeks )	
1	18,954	1,580	790	729	365
2	25,636	2,137	1,069	986	493
3	32,318	2,694	1,347	1,243	622
4	39,000	3,250	1,625	1,500	750
5	45,682	3,807	1,904	1,757	879
6	52,364	4,364	2,182	2,014	1,007
7	59,046	4,921	2,461	2,271	1,136
8	65,728	5,478	2,739	2,528	1,264
Each Additional Member Add:	+6,682	+557	+279	+257	+129

Income Eligibility 2

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Yearly	Monthly	Bi-Weekly		Weekly
			2 x Month (Bi-Monthly)	(Every Two Weeks )	
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each Additional Member Add:	+9,509	+793	+397	+366	+183

**Note:**

If all income is received on the same schedule

*Example: alimony = \$100 / month & pension = \$300 / month*

DO NOT use conversion factors

If family reports income sources from more than one schedule

*Example: alimony = \$100 / month & pension = \$300 / week*

Income MUST be converted to yearly.

Yearly Income = Monthly x 12  
Yearly Income = Twice Per Month (Bi-Monthly) x 24  
Yearly Income = Every Two Weeks (Bi-Weekly) x 26  
Yearly Income = Week x 52

DO NOT round the values resulting from each conversion

# Authorization to Release Student Records

## AUTORIZACIÓN PARA COMPARTIR ARCHIVOS ESTUDIANTILES



**CARTWRIGHT SCHOOL**  
**DISTRICT NO. 83**  
*One Team, Una Familia!*

Last School Attended: \_\_\_\_\_ Additional School: \_\_\_\_\_  
*ÚLTIMA ESCUELA DE ASISTENCIA ESCUELA ADICIONAL*

School Address: \_\_\_\_\_  
*DIRECCIÓN DE ESCUELA*

School City, State, Zip Code: \_\_\_\_\_  
*CIUDAD, ESTADO, CÓDIGO POSTAL DE ESCUELA*

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ District Name: \_\_\_\_\_  
*NÚMERO TELEFÓNICO DE ESCUELA NOMBRE DE DISTRITO*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
*NOMBRE DEL ESTUDIANTE FECHA DE NACIMIENTO GRADO*

In accordance with Arizona Revised Statute 15-828, I authorize the release of all records, including birth certificate, academic, educational, medical (health), psychological, special education, social development, and gifted information to the Cartwright School District.  
*Según 'Arizona Revised Statute 15-828', yo autorizo el compartir de todos los archivos, incluyendo el acta de nacimiento, información académica, educacional, médica (salud), psicológica, de educación especial, de desarrollo social, y de estudiantes dotados al Distrito Escolar Washington.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
*FIRMA DEL PADRE/TUTOR FECHA*

### Please send academic file to:

### PLEASE SEND COPIES ONLY

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> <b>Cartwright Early Childhood Center (HS/PS)</b><br>5480 W Campbell Ave.<br>Phoenix, AZ 85031<br>(623)691-5100     | <input type="checkbox"/> <b>Cartwright Elementary (K-8)</b><br>2825 N. 59th Ave.<br>Phoenix, AZ 85035<br>(623)691-4100                                      | <input type="checkbox"/> <b>Glenn L. Downs Social Sciences Academy (K-8)</b><br>3600 N. 47th Ave.<br>Phoenix, AZ 85031<br>(623)691-4200       | <input type="checkbox"/> <b>John F. Long Elementary (K-6)</b><br>4407 N. 55th Ave.<br>Phoenix, AZ 85031<br>(623)691-4300                          |
| <input type="checkbox"/> <b>Justine Spitalny STE<sup>3</sup>AM School (K-8)</b><br>3201 N. 46th Drive<br>Phoenix, AZ 85031<br>(623)691-4400 | <input type="checkbox"/> <b>Holiday Park Elementary (K-6)</b><br>4417 N. 66th Ave.<br>Phoenix, AZ 85033<br>(623)691-4500                                    | <input type="checkbox"/> <b>Sunset Elementary (K-6)</b><br>6602 W. Osborn Rd.<br>Phoenix, AZ 85033<br>(623)691-4600                           | <input type="checkbox"/> <b>Starlight Park Preparatory and Community School (K-6)</b><br>7960 W. Osborn Rd.<br>Phoenix, AZ 85033<br>(623)691-4700 |
| <input type="checkbox"/> <b>Charles W. Harris Elementary (K-8)</b><br>2252 N. 55th Ave.<br>Phoenix, AZ 85033<br>(623)691-4800               | <input type="checkbox"/> <b>Desert Sands Middle School (7-8)</b><br>6308 W. Campbell Ave.<br>Phoenix, AZ 85033<br>(623)691-4900                             | <input type="checkbox"/> <b>Frank Borman Elementary (K-8)</b><br>3637 N. 55th Ave.<br>Phoenix, AZ 85031<br>(623)691-5000                      | <input type="checkbox"/> <b>Heatherbrae Elementary (K-6)</b><br>7070 W. Heatherbrae Drive<br>Phoenix, AZ 85033<br>(623)691-5200                   |
| <input type="checkbox"/> <b>Estrella Middle School (6-8)</b><br>3733 N. 75th Ave.<br>Phoenix, AZ 85033<br>(623)691-5400                     | <input type="checkbox"/> <b>Palm Lane Elementary (K-6)</b><br>2043 N. 64th Drive<br>Phoenix, AZ 85035<br>(623)691-5500                                      | <input type="checkbox"/> <b>Peralta Elementary (K-6)</b><br>7125 W. Encanto Boulevard<br>Phoenix, AZ 85035<br>(623)691-5600                   | <input type="checkbox"/> <b>Tomahawk Elementary (K-6)</b><br>7820 W. Turney Ave.<br>Phoenix, AZ 85033<br>(623)691-5800                            |
| <input type="checkbox"/> <b>G. Frank Davidson (K-6)</b><br>6935 W. Osborn Rd.<br>Phoenix, AZ 85033<br>(623)691-1500                         | <input type="checkbox"/> <b>Marc T. Atkinson Middle School &amp; Gifted Academy (7-8)</b><br>4315 N. Maryvale Parkway<br>Phoenix, AZ 85031<br>(623)691-1700 | <input type="checkbox"/> <b>Bret R. Tarver Leadership Academy (K-6)</b><br>4308 N. 51st Ave., Suite 102<br>Phoenix, AZ 85031<br>(623)691-1900 | <input type="checkbox"/> <b>Manuel Peña Jr. Elementary (K-6)</b><br>2550 N. 79th Ave.<br>Phoenix, AZ 85035<br>(623)691-3100                       |
| <input type="checkbox"/> <b>Raúl H. Castro Academy of Fine Arts (7-8)</b><br>2730 N. 79th Ave.<br>Phoenix, AZ 85035<br>(623)691-5300        |   |   |   |

### Please send Psychological/Special Education file to:

[spedrecords@csd83.org](mailto:spedrecords@csd83.org)

Fax 623-691-5924

623-691-3971

**Cartwright Special Services Department**

5220 W. Indian School Rd.

Phoenix, AZ 85031