



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
- ☐ 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		STUDENT SERVICES 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
Ethnicity: Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (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 01-2020)



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
One Team, Una Familia!

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: _____

Send questionnaires to the Federal Programs Office

Phone: 623-691-1984



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: X _____ Date: _____

If any answers are Yes, send form to Christa Schwaiger in Educational Services, keep a copy of form in cumulative folder

Updated: 07.27.2021

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"/> Cartwright Virtual Academy (K-8)
5220 W. Indian School Rd.
Phoenix, AZ 85031
(623)691-4000 | <input type="checkbox"/> Cartwright Elementary (K-8)
2825 N. 59th Ave.
Phoenix, AZ 85035
(623)691-4100 | <input type="checkbox"/> Glenn L. Downs Social Sciences Academy (K-8)
3600 N. 47th Ave.
Phoenix, AZ 85031
(623)691-4200 | <input type="checkbox"/> John F. Long Elementary (K-6)
4407 N. 55th Ave.
Phoenix, AZ 85031
(623)691-4300 |
| <input type="checkbox"/> Justine Spitalny STE³AM School (K-8)
3201 N. 46th Drive
Phoenix, AZ 85031
(623)691-4400 | <input type="checkbox"/> Holiday Park Elementary (K-6)
4417 N. 66th Ave.
Phoenix, AZ 85033
(623)691-4500 | <input type="checkbox"/> Sunset Elementary (K-6)
6602 W. Osborn Rd.
Phoenix, AZ 85033
(623)691-4600 | <input type="checkbox"/> Starlight Park Preparatory and Community School (K-6)
7960 W. Osborn Rd.
Phoenix, AZ 85033
(623)691-4700 |
| <input type="checkbox"/> Charles W. Harris Elementary (K-8)
2252 N. 55th Ave.
Phoenix, AZ 85033
(623)691-4800 | <input type="checkbox"/> Desert Sands Middle School (7-8)
6308 W. Campbell Ave.
Phoenix, AZ 85033
(623)691-4900 | <input type="checkbox"/> Frank Borman Elementary (K-8)
3637 N. 55th Ave.
Phoenix, AZ 85031
(623)691-5000 | <input type="checkbox"/> Heatherbrae Elementary (K-6)
7070 W. Heatherbrae Drive
Phoenix, AZ 85033
(623)691-5200 |
| <input type="checkbox"/> Estrella Middle School (6-8)
3733 N. 75th Ave.
Phoenix, AZ 85033
(623)691-5400 | <input type="checkbox"/> Palm Lane Elementary (K-6)
2043 N. 64th Drive
Phoenix, AZ 85035
(623)691-5500 | <input type="checkbox"/> Peralta Elementary (K-6)
7125 W. Encanto Boulevard
Phoenix, AZ 85035
(623)691-5600 | <input type="checkbox"/> Tomahawk Elementary (K-6)
7820 W. Turney Ave.
Phoenix, AZ 85033
(623)691-5800 |
| <input type="checkbox"/> G. Frank Davidson (K-6)
6935 W. Osborn Rd.
Phoenix, AZ 85033
(623)691-1500 | <input type="checkbox"/> Marc T. Atkinson Middle School & Gifted Academy (7-8)
4315 N. Maryvale Parkway
Phoenix, AZ 85031
(623)691-1700 | <input type="checkbox"/> Bret R. Tarver Leadership Academy (K-6)
4308 N. 51st Ave., Suite 102
Phoenix, AZ 85031
(623)691-1900 | <input type="checkbox"/> Manuel Peña Jr. Elementary (K-6)
2550 N. 79th Ave.
Phoenix, AZ 85035
(623)691-3100 |
| <input type="checkbox"/> Raúl H. Castro Academy of Fine Arts (7-8)
2730 N. 79th Ave.
Phoenix, AZ 85035
(623)691-5300 | <input type="checkbox"/> Byron A. Barry Preschool (HS/PS)
2533 N. 60th Ave.
Phoenix, AZ 85035
(623)691-5700 | <input type="checkbox"/> Cartwright Early Childhood Center (HS/PS)
5480 W. Campbell Ave.
Phoenix, AZ 85031
(623)691-5100 | |

Please send Psychological/Special Education file to:

spedrecords@csd83.org

Fax 623-691-5924

623-691-3927

Cartwright Special Services Department

5220 W. Indian School Rd.

Phoenix, AZ 85031

Created 7-27-21