

NEW STUDENT ENROLLMENT

LAST NAME: _____ FIRST NAME: _____

GRADE LEVEL: _____ SEX _____ BIRTHDATE _____

PLACE OF BIRTH: _____ HOME PHONE# _____

MAILING ADDRESS: _____ CITY: _____

ZIP CODE: _____

RESIDES WITH:

PARENTS _____ MOTHER/STEPFATHER _____ GUARDIAN _____ FOSTER _____

GRANDPARENTS _____ FATHER/STEPMOTHER _____

TITLE: MR & MRS _____ MR. _____ MRS. _____ MS _____

NAME: _____

DOCTOR'S NAME: _____ PHONE# _____

EMERGENCY CONTACT: _____ PHONE# _____

EMERGENCY CONTACT: _____ PHONE# _____

FATHER'S NAME: _____ PHONE# _____

FATHER'S OCCUPATION _____ EMPLOYER _____

FATHER'S WORK PHONE# _____

MOTHER'S NAME: _____ PHONE# _____

MOTHER'S OCCUPATION _____ EMPLOYER _____

MOTHER'S WORK PHONE# _____

LAST SCHOOL AND DISTRICT ATTENDED _____

DUNCAN HIGH SCHOOL ENTRY DATE _____

PRIMARY LANGUAGE _____ ETHNICITY _____

PARENT PERMISSION FORM

STUDENT INFORMATION NAME: _____

PARENT INFORMATION NAME: _____

ADDRESS: _____

HOME TELEPHONE# _____

Emergency Information –Please list two persons that may be contacted when the parent cannot be reached

NAME: _____ NAME: _____

HOME# _____ HOME# _____

WORK# _____ WORK# _____

EMERGENCY MEDICAL RELEASE

I authorize emergency medical care should school personnel be unable to contact me or the situation is such that it not be immediately reasonable.

Family Physician: _____ Telephone# _____

Insurance Co: _____ Policy# _____

Child’s medical history (allergies, special conditions,etc) *Parent please note any special conditions: _____

PARTICIPATION AND TRAVEL PERMISSSION

I authorize my child to participate in school approved travel i.e., FFA, FBLA, Band, Field trips, etc. that will be conducted away from the high school buildings and grounds, further to authorize my child to utilize district provided transportation for such activities. Trip notification notes will be given to students for delivery to parents. (Please check appropriate box below)

Any School Sponsored Trip _____ Day Trip _____ Overnight Trip _____

VEHICLE OPERATION PERMISSION

I authorize my child to drive a motor vehicle to and from school, also authorize the operation of said vehicle off the school grounds during lunch period only. The student and parent understand student operation of a vehicle on school grounds is a privilege that may be suspended for violation of school policies or improper conduct during lunch period. Further, that student driver complies with Arizona Laws regarding license, insurance and lawful operation of the vehicle. Please list the following vehicle information.

Year	Make	Color	License Plate #	Insurance Company
_____	_____	_____	_____	_____

RELEASE PERMISSION

I understand the school district will not release my child during regular school hours without my knowledge or the knowledge of a person listed in the emergency information above. If I am unable to be reached or a person listed above, I authorize the school to direct my child to go home should the need arise, upon the child’s release, the school district or district personnel shall maintain no further responsibility or liability for my child.

I, _____ the legal parent/guardian of _____ grant permission as indicated above for participation

Parent Signature Student 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 _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____

Date _____

District or Charter School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.
In SAIS, please indicate the student's home or primary language.

DUNCAN SCHOOLS

Authorization/Parental Consent for Administering Over-the Counter Medication

Student's Last Name _____ First Name _____ MI _____

Teacher _____ Grade _____ Date of Birth ____/____/____

Parent/Guardian Name & Phone _____

Parent Guardian Name & Phone _____

Directional Address _____

Emergency Contact Name/Phone Number _____

1) _____

2) _____

Medical Conditions/Pertinent Past Medical Information _____

Does your child take any routine medications? _____

Allergies (Food, Medication, Latex or other)? _____

Operations/Dates _____

Permission for Duncan Schools to perform vitals, biometrics, vision, hearing screens. Please Initial one:

_____ approve _____ disapprove

If your child has had any immunizations over the past year, please send a copy of the updated immunization record .

Over the counter medications can be given no more than 3 consecutive days without a physicians order.

(09.2241.AP1)

The following is a list of over-the-counter medications available for dispensing at school. Please indicate with a check mark if your child may receive these medications. The dosage amount of Tablets, Sprays, or Drops will be determined by students' weight and or age.

	Yes _____	No _____
Cold Relief	_____	_____
Cough drop,Vicks Vapor Rub	_____	_____
Benadryl	_____	_____
Acetaminophen	_____	_____
Ibuprofen	_____	_____
Ant Acid,	_____	_____
Eye Drops/ Eye Wash	_____	_____
Anbesol	_____	_____
Medicated Lip ointment/Vaseline	_____	_____
Neosporin, first Aid Antibiotic ointment	_____	_____
Antiseptic Wash, Peroxide	_____	_____
Topical Cooling Gel, Aloe vera	_____	_____
Bengay(menthol pain relieving gel)	_____	_____
Hydrocortisone anti-itch cream, Benadryl Gel, cream, or topical spray	_____	_____
Sting Relief Insect Bite antiseptic and Pain Reliever (contains lidocaine)	_____	_____

Is your child allergic to any of the above medications?

In the event of a medical emergency Duncan Schools will call an ambulance and or take your child to the nearest medical facility if needed for medical treatment.

I am the parent /guardian of _____. I give permission for him /her to be administered the above stated over-the-counter medication (see above list). I hereby acknowledge the policy for distribution of medications to students. I release Duncan Schools and its employees from all claims or liability connected with its reliance on this permission, and agrees to indemnify, defend and hold them harmless from any claim or liability connected with such reliance.

X _____

Parent/Guardian Signature

Date



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 U.S. Passport

_____ Real Estate Deed or Mortgage Documents

_____ Property Tax Bill

_____ Residential Lease or Rental Agreement

_____ Water, Electric, Gas, Cable, or Phone Bill

_____ Bank or Credit Card Statement

_____ W-2 Wage Statement

_____ Payroll Stub

_____ Certificate of Tribal Enrollment or other Identification issued by a recognized Indian Tribe that contains an Arizona address.

_____ Documentation from a State, Tribal, or Federal Government Agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

_____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date



State of Arizona
Affidavit of Shared Residence

I 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 U.S. Passport
- _____ Real Estate Deed or Mortgage Documents
- _____ Property Tax Bill
- _____ Residential Lease or Rental Agreement
- _____ Water, Electric, Gas, Cable, or Phone Bill
- _____ Bank or Credit Card Statement
- _____ W-2 Wage Statement
- _____ Payroll Stub
- _____ Certificate of Tribal Enrollment or other Identification issued by a recognized Indian Tribe that contains an Arizona address.
- _____ Documentation from a State, Tribal, or Federal Government Agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona

County of _____

The foregoing was acknowledged before me this _____ day of _____, 20____

By _____.

Notary Public

My Commission Expires:

USE OF TECHNOLOGY RESOURCES IN INSTRUCTION

ELECTRONIC INFORMATION SERVICES USER AGREEMENT

Details of the user agreement shall be discussed with each potential user of the electronic information services (EIS). When the signed agreement is returned to the school, the user may be permitted use of EIS resources.

Terms and Conditions

Acceptable use. Each user must:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- Agree not to submit, publish, display or retrieve any defamatory inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive or illegal material.
- Abide by all copyright and trademark laws and regulations
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct communication is not private and may be read and monitored by school employed persons.
- Not use the network in any way that would disrupt the use of the network by others.
- Not use the EIS for commercial purposes
- Follow the District's code of conduct
- Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary action up to and including expulsion for students.

In addition, acceptable use for District Employees is extended to include requirements to:

- Maintain supervision of students using the EIS
- Agree to directly log on and supervise the account activity when allowing others to use District accounts.
- Take responsibility for assigned personal and District accounts, including password protection.
- Take all responsible precautions, including password maintenance and file and directory protection measures to prevent the use of personal and District accounts and files by unauthorized persons.

Personal Responsibility. I will report any misuse of the EIS to the administration or system administrator, as is appropriate.

I understand that many services and products are available for a fee and *acknowledge my personal responsibility for any expenses incurred without District authorization.*

Network etiquette. I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages.
- *Respect privacy.* I will not reveal any home addresses or personal phone numbers or personally identifiable information.
- *Avoid disruptions.* I will not use the network in any way that would disrupt use of the systems by others.
- *Observe the following considerations:*
 - Be brief
 - Strive to use correct spelling and make messages easy to understand.
 - Use short and descriptive titles for articles
 - Post only to known groups or persons.

Services.

The School District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the Electronic Information Service (EIS) is used and bears the risk of reliance on the information obtained.

I have read and agree to abide by the School District policy and regulations on appropriate use of the Electronic Information System, as incorporated herein by reference.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Name: _____

Signature: _____
(Student or Employee)

Date: _____

School: _____ Grade (if a student) _____

Note that this agreement applies to both students and employees

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

Parent or Guardian Cosigner

As the parent or guardian of the above-named student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by us of the Electronic Information Services (EIS). I also agree to report any misuse of the EIS to a School District Administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.)

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

Parent or Guardian Name (print): _____

Signature: _____ Date: _____