

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

# PARENT PERMISSION TO GIVE "OCCASIONAL" OVER-THE-COUNTER MEDICATION

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Over-the-Counter (OTC) medication are drugs that do not require a prescription and are purchased "over-the-counter." This form is required before over-the-counter medication can be administered at school.

**PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION**

\_\_\_\_\_ I approve all medications listed below

\_\_\_\_\_ I do not want *any* OTC meds given to my student

**TOPICAL:**

**ORAL:**

- \_\_\_\_\_ Antibiotic cream (i.e. Neosporin)
- \_\_\_\_\_ Hydrocortisone cream (i.e. Cortaid)
- \_\_\_\_\_ Benadryl cream (i.e. Caladryl, Diphenhydramine)
- \_\_\_\_\_ Burn gels

- \_\_\_\_\_ Ibuprofen (i.e. Advil, Motrin)
- \_\_\_\_\_ Acetaminophen (i.e. Tylenol)
- \_\_\_\_\_ Antihistamine (i.e. Benadryl, Zyrtec)
- \_\_\_\_\_ Cough Drops
- \_\_\_\_\_ Pepto Bismal

Please check with the school nurse to see which medications are available for students in the school clinic and which medication you will need to supply, **OTC medication will be given at the manufacturer's recommended dosage.**

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

\_\_\_\_\_  
(Signature of Parent of Guardian)

\_\_\_\_\_  
(Date)

**The school is not able supply medication for frequent or daily use. For OTC medication not listed on this form, or if the medication must be given on a regular basis, please use the form "Request for Medication Administration".**

**MEDICATION HISTORY:**

Is your student allergic to any medication? \_\_\_\_\_ If yes, please list medicine(s) and type of reaction: \_\_\_\_\_

Does your student take any medication (either over-the-counter or prescription) on a regular basis? \_\_\_\_\_

If yes, please list:

\_\_\_\_\_



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 \_\_\_\_\_

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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.



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: \_\_\_\_\_

The Duncan School District does not discriminate on the basis of race, color, religion, national origin, sex, disability, age or sexual orientation in admission and access to its programs, services, activities, or in any aspect of their operations and provides equal access to the Boy Scouts and other designated youth groups. The Duncan School District also does not discriminate in its hiring or employment practices. The following employees have been designated to handle inquiries regarding the nondiscrimination policies.

Title IX Coordinator  
Joann Boyd/Business Manager  
108 Stadium Blvd., Duncan AZ 85534  
PH: 928-359-2472  
Email: jboyd@duncanschools.org

Section 504/ADA Coordinator  
Kara Wagley/SPED Director  
1 McGrath Ave., Duncan, AZ 85534  
PH: 928-359-2471  
Email: kwagley@duncanschools.org