

DUNCAN UNIFIED SCHOOLS

RECORDS REQUEST

Authorization to release pupil information

Family Education Rights and Privacy Act

(Public Law 93-380 HR 69)

School _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

I hereby give my permission for the above named school to release my child's/children's cumulative, health, and Special Education records and any other information needed for making appropriate educational placement to:

DUNCAN ELEMENTARY SCHOOL

P.O. BOX 710

DUNCAN, AZ 85534

Student's Name _____ DOB _____ Grade _____

Student's Name _____ DOB _____ Grade _____

Student's Name _____ DOB _____ Grade _____

PLEASE NOTE: The student information requested will be made available for inspection to the parent/s, guardian/s since it will be considered an education record as defined in Public Law 93-380, Section 99:3.

PL 930380. The Federal Family Educational Rights and Privacy Act, Arizona Law ARS. 15-151 and Administrative Regulations provide that the written consent of the parent/guardian IS NOT REQUIRED to release educational records to officials of other schools or school systems in which the student seeks or intends to enroll.

School Official _____

Parent/Guardian _____ Date _____

NEW STUDENT ENROLLMENT

LAST NAME _____ FIRST NAME _____

GRADE LEVEL _____ SEX _____ BIRTHDATE _____

PLACE OF BIRTH _____ HOME PHONE _____

MAILING ADDRESS _____ CITY _____ ZIP _____

DIRECTIONAL ADDRESS _____

RESIDES WITH:

PARENTS: _____ MOTHER-STEP-MOTHER _____ FATHER-STEP-FATHER _____ GRANDPARENTS _____

GUARDIAN _____ FOSTER _____

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

NAME _____

DOCTOR'S NAME _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____

FATHER'S NAME _____ PHONE _____

FATHER'S OCCUPATION _____ EMPLOYER _____

FATHER'S WORK # _____

MOTHER'S NAME _____ PHONE _____

MOTHER'S OCCUPATION _____ EMPLOYER _____

MOTHER'S WORK # _____

LAST SCHOOL & DISTRICT ATTENDED _____

ELEMENTARY SCHOOL ENTRY DATE _____

PRIMARY LANGUAGE _____ ETHNICITY _____

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

Dear Parents/Guardians:

At Duncan Unified School District, we strive to provide the best education and experience possible to our students. Having immunity to contagious diseases is a great contributor to education by allowing students the opportunity to have maximum time at school. The choice to vaccinate is yours; however, if your student is not vaccinated they will be required to stay home from school if there is an outbreak of any major illness. You are also **required** to fill out an exemption form with the office. **I will need a copy of all updated immunization records. Students turning 11 years old are required 2 vaccines to be able to attend school, TDaP and MENINGOCAL. I MUST** have either proof of the vaccine administered or an exemption form on file for your student to be able to attend school. In accordance with A.R.S 15-871-15-874

If your child has been/is sick with a fever, vomiting, or diarrhea please keep them home and do not send them back to school until they have been fever and vomit free without the use of medications for a minimum of 24 hours.

Students are **NOT** allowed to bring **ANY MEDICATION** to school. A parent/guardian or designated emergency contact on school files must bring all medications to the school. If your child takes any medication routinely that will need to be given during school hours (daily or as needed) a special permission form must be filled out, signed and given to the school nurse. Medications are to be brought in the original container; this includes prescription and over the counter medications. Prescription medications must be labeled with the student's name, dosage and prescribing doctor's name. Medication may only be given as stated on the prescription label. Parents of students with Asthma or severe allergies will also need to complete an action plan form, or bring one in signed by their doctor to be kept on file.

Duncan Schools' provide some over-the-counter medications available for dispensing at the discretion of the school's secretary or health office. Medication will not be given to your child without a signed parental consent form on file (attached pink form). Please review and specify what medications are allowed to be given to your child and return to the school as soon as possible.

Please help keep outbreaks of lice down by checking your students for head lice at least once a month. If you find your child has lice or nits (lice eggs) they **must be treated**. Treating the head is just half of the process. To eliminate lice you must nitpick and comb the eggs out of the hair, **manual removal is mandatory. Students shall be excluded from school until treated with a pediculicide and all lice and nits are removed from the hair.** To be readmitted to school your child will need to be lice and nit free and cleared by the county health department with a signed letter or the school nurse.

If you have any questions or concerns please contact the school health office at (928)359-2054 or Elementary secretary at (928)359-2471.

Sincerely,



Amanda Lunt, Duncan Health Aide, Primary Secretary



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 Arizona Address Confidentiality Program 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.

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.



State of Arizona

Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ 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 Arizona Address Confidentiality Program 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)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

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

My Commission Expires: _____

Notary Public