

NEW STUDENTS

ORACLE SCHOOL DISTRICT #2
HCR Box 2743 * Oracle, AZ. 85623* (520) 896-3000
MOUNTAIN VISTA
2008-2009

STUDENT REGISTRATION FORM

Student Name _____ Grade _____ Phone # _____

Email Address _____ Cell# _____

Physical Address _____

Mailing Address _____ City _____ Zip _____

DOB _____ Place of Birth _____ M _____ F _____

Ethnic choice: Check one you most closely identify with:

- ___ American Indian
- ___ African American
- ___ Asian or Pacific Islander (Oriental)
- ___ Hispanic (Mexican or Spanish origin)
- ___ White (Not of Hispanic origin)

Person to call if parent cannot be reached: _____

The following person(s) may Not remove my child from this school: _____

Language Assessment Information: This information will be used to determine if the student will be assessed for English language proficiency.

1. Primary language used in the home: _____
2. Language most often spoken in the home: _____
3. Language most often spoken by the student: _____

Special Education Information:

Was your child enrolled in any Special Education program? If yes, please explain: _____

Does your child have special needs, Speech or ESL programs? If yes, please explain _____

Has your child been suspended or expelled from school for any reason? If so, please provide information: _____

<u>FAMILY INFORMATION:</u>	Occupation	Where employed	Phone #	Cell #
Name of:				
Father _____	_____	_____	_____	_____
Mother _____	_____	_____	_____	_____
Step Parent _____	_____	_____	_____	_____
Guardian _____	_____	_____	_____	_____
Student Living with: _____				Number of children in family _____

Is there a non-custodian parent? Yes ___ No ___ If yes, do you have custody papers? Yes ___ No ___

<u>Names of Brothers</u>	<u>Date of Birth</u>	<u>Names of Sisters</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I give my permission for my son/daughter to attend any District activity of Mountain Vista School, such as field trips, during school year if under the supervision and if transported in a District vehicle:
Yes _____ No _____

My child will be: Picked up _____ Ride the bus _____ To: _____

Bus stop name: _____ Bus # _____

Name , Address and phone # of Day Care Provider: _____

I verify the above information to be accurate.

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Date of Entry: _____

SCHOOL NAME:

Entry Code: _____

MOUNTAIN VISTA

Matric # _____

Verify DOB: _____

Certified By: _____

() Birth Certificate

() Baptismal Certificate

() Other

PERMISSION FORM AND RELEASE OF CLAIMS

ORACLE SCHOOL DISTRICT #2

Permission to participate in off campus activities (e.g., field trips, Hope week walk/activities, etc.)

I hereby give my child _____ permission to participate in the off campus activities operated as a part of the school curriculum.

Release of Claims

I hereby fully release and discharge the Oracle School District #2 and its officers, agents and employees from any and all claims resulting from injuries, including death, personal injury, damages and losses to property sustained by my minor child arising out of or in any way connected with the activities of the program(s), except for those injuries caused by the willful and wanton acts of omissions of the District and its officers, agents or employees are not released.

Medical Treatment Permission

In the event of an emergency, I authorize the Oracle School District #2 and its officers, agents, and employees to secure from any licensed hospital, physician or other medical care provider any treatment deemed necessary for my minor child's immediate care. I will be responsible for any and all medical services rendered.

I have read and fully understand the release of claims and the permission for medical treatment. I understand that my signature is required below in order for my child to participate in the activities of the Oracle School District #2.

Signature of Parent or Guardian

Date

Printed Name

Address

Oracle School District #2

Permission to Photograph

I give the Oracle School District permission for my (son/daughter),
_____, to be photographed and identified by
name, grade and any other information for the purpose of news articles
and pictures in the newspaper or through school projects, which
acknowledge my child's achievements and accomplishments, as well as
his/her participation in sports and other activities.

Parent signature

Date

Name and Address of School Last Attended:

NEW STUDENTS ONLY

ORACLE SCHOOL DISTRICT #2

Mountain Vista School
HCR Box 2743
Oracle, AZ. 85623

School Records Requested for: _____
DOB _____. The above named student has enrolled at Oracle
Mountain Vista School in grade _____.
Would you please send transcripts or past work and other pertinent school
records pertaining to this student to:

Gerri Benavidez
Mountain Vista School
HCR Box 2743
Oracle, AZ. 85623
(520) 896-3000 – Fax (520) 896-3062

Please send all Psychological Evaluation Records, Special Education
Placement Records and /or other Special Programs to:

SPECIAL EDUCATION DIRECTOR
Mountain Vista School
HCR Box 2743
Oracle, AZ. 85623

I hereby grant my permission for all confidential, medical, psychological,
and academic information relative to my child to be released to the Oracle
School District.

Parent/Guardian

Date

**ORACLE SCHOOL DISTRICT
2008-2009
MEDICAL HISTORY/ Historio Medico**

Student's Name (Nombre del estudiante): _____ Date (Fecha): _____
 School (Escuela): _____ Birth Date (Fecha de nacimiento): _____
 Grade (Grado en escuela): _____

We request that you complete this form entirely. It will help us insure that your child receives proper care should he/she become ill or injured at school. This information will be kept confidential.
 Es necesario llenar esta forma completamente. Nos ayuda a asegurar que el estudiante reciba ayuda necesario. Esta informacion er mantenida confidencial.

Please check the following if any apply to your son/daughter:
Indique por favor si cualesquiera de estas condiciones medicas se aplican a su hijo o hija

Illness (Enfermedades)	Circle YES or No (Encierra si o no)	Date of Diagnosis MO/YR (Fecha del diagnostico)	Comments: (Comentario)
Chicken Pox/Varicella disease (Varicela o Viruela loca)	Yes or No		
Arthritis (Artritis)	Yes or No		
Asthma (Asma)	Yes or No		
Diabetes (Diabetis)	Yes or No		
Seizure disorders (Convulsiones)	Yes or No		
Bleeding disorders (Cindicion de la sangria)	Yes or No		
Anemia	Yes or No		
Heart Condition (Condicion del corazon)	Yes or No		
Rheumatic Fever (Fiebre Reumatica)	Yes or No		
Tuberculosis/Positive TBC Skin Test (Tuberculosis/Prueba de tuberculoso)	Yes or No		
Valley Fever (Fiebre del Valle)	Yes or No		
Urinary problem (Condicion urinario)	Yes or No		
Orthopedic problem (Problema ortopedico)	Yes or No		
Skin condition (Condicion de la piel)	Yes or No		
Scoliosis (Escoliosis)	Yes or No		
Frequent colds (Resfrio frecuentes)	Yes or No		
Frequent sore throats (Dolor de garganta frecuente)	Yes or No		
Nosebleeds (Sangramiento por la nariz)	Yes or No		
Persistent cough (Tos persistente)	Yes or No		
Hearing problem (Problemas de oido)	Yes or No		
Earache/Ear Infections (Dolor de oido/Infecciones de oido)	Yes or No		
Frequent headaches or migraines (Los Dolores de cabeza o migrana frecuentes)	Yes or No		
Frequent Stomach Aches (Dolor de estomago frecuentes)	Yes or No		
Frequent tooth aches (Dolor de muelas frecuentes)	Yes or No		

Surgeries(Cirugia)	Yes or No		
Serious injuries (Lastimaduras Seria)	Yes or No		
Scarlet Fever (Escarlatina)	Yes or No		
Wears glasses or contacts (Unsan lentes o lentes de contacto)	Yes or No		
Allergies (Please list all food, medica Other) (Alergia (incluir comida, medic Otras cosas que causan alegias),	Yes or No		

Doctor's Name _____ Phone: () _____

Dentist's Name _____ Phone: () _____

Preferred Hospital _____

Does student have any medical concerns, allergies, or chronic illnesses: If yes, please specify: _____

Does child take medication on a regular basis? If yes, please specify _____

Incase of serious illness, your child will be taken to the closest hospital by ambulance, if necessary, and emergency treatment will be provided until parent or legal court ordered guardian can be contacted. Any expense for emergency transportation and/or treatment shall be the responsibility of the parent or legal court ordered guardian.

Form completed by: _____ Relationship to Child _____

Parent or legal court ordered guardian signature

Date

ORACLE SCHOOL DISTRICT#2

**ANNUAL NOTIFICATION TO PARENTS REGARDING
CONFIDENTIALITY OF STUDENT EDUCATION RECORDS**

Dear Parents:

The Oracle School District Governing Board has established written policies regarding the collection, storage, retrieval, use, and transfer of student educational information collected and maintained pertinent to the education of all students to ensure the confidentiality of the information to guarantee parents and students' right to privacy. These policies and procedures are in compliance with:

The family Education Rights and Privacy Act; Title 20, United States Code, Sections 1232g and 1232h; and the Federal Regulations (34CFR, Part 99) issued pursuant to such Act:

The Education of All Handicapped Children Act; Title 20, United States Code, Sections 1412 (2) (D) and 1417 ©; and the Federal Regulations (34 CFR 300.560-300.574) issued pursuant to such Act: and

Arizona Revised Statutes, title 15, Section 141.

Student education records are collected and maintained to help in the instruction, guidance, and educational progress of the student; to provide information to parents and staff; to provide a basis for the evaluation and improvement of school programs; and for legitimate educational research. The student records maintained by the district may include, but are not necessarily limited to, identifying data; report cards and transcripts of academic work completed; standardized achievement test scores, attendance data; reports of psychological testing; health data, teacher or counselor observations; and verified reports of serious or recurrent behavior patterns.

These reports are maintained in the administrative offices at Oracle Ridge and Mountain Vista and are available only to the teachers and staff working with the student. If your son/daughter should transfer to another school, these records will be sent to the new school upon their request. Otherwise, records are not released to most agencies or persons without prior written consent of the parent.

You have the right to inspect and review any and all records related to your child, including a listing of persons who have reviewed or have received copies of the information. Parents wishing to review their children's records should contact Mr. Dennis Blauser , Principal, for an appointment. School personnel will be available to explain the contents of the records to you. Copies of student education records will be made available to parents when it is not practicable for you to inspect and review the records at the school. Charges for the copies of records will be actual cost of copying.

If you believe information in the record file is inaccurate or misleading, you have the right to request that a correction be made and to add comments of your own. If any time an agreement between the principal and parent cannot be reached, you may contact the Superintendent, and request a hearing.

You shall be informed when personally identifiable information collected, maintained, or used is no longer needed to provide educational services to your child. The information must b maintained for two years after the date your child was last enrolled in this school district.

Copies of the District Student Education Record Confidentiality Policies and Procedures may be reviewed in the principal's office in each school. Federal law also permits a parent to file a complaint with the Family Educational Rights and Privacy Act Office in Washington, D.C., if you feel the school is violating public school records policies and statutes.

I have had an opportunity to ask questions about the information provided on the sheet entitled "Confidentiality of Certain School Records (Psychological/Special Educational)" and understand what it means. It was provided for me in my primary language.

Parent/Guardian Name

Date

**ORACLE SCHOOL DISTRICT #2
EXTRACURRICULAR ACTIVITY FEES**

Accompanying this form is the amount of \$ _____, as payment of extracurricular activity fees.

For districts with more than one school:

I want my contribution to support extracurricular activities at the following schools:

\$ _____ Oracle Ridge School	_____ Family Fun Night _____ Field Trips _____ Field Days _____ General Extracurricular Fund _____ Other _____
\$ _____ Mountain Vista School	_____ HATB _____ Field Trips _____ After-School Sports _____ Cheerleading _____ General Extracurricular Fund _____ Other _____

Optional: Please apply my contribution to the following program(s): _____

The following information is required for the District's report to the Arizona Department of Revenue to verify eligibility for the tax credit allowed by A.R.S. 43-1-89.01.

Name _____ Social Security # _____

Address _____

Date: _____

(For school office use only)

Received by: _____

Date _____

Credited _____

Adopted April 1999