

Checklist for Kindergarten

2009-2010

Valid from July 1, 2009-June 30, 2010

Child's Name: _____

Date of Birth: _____

- Lunch Agreement Form (back of this page)
- Registration Form (front & back)
- Medical History (front & back)
- Blue Form (front & back)
- Home Language Survey
- Confidentiality of Student Records Form
- Release of Claims Form
- Permission to Photograph Form
- Extracurricular Activity Fee \$1.00
- Shot Records
- Birth Certificate

****Please Note: Shot Records must be verified through the school nurse and all forms completed before the child will be allowed to enter school****

School Year
2009/2010

Dear Parents/Guardians:

In the past we have experience some issues on student lunches. We would like to make sure that your child is fed a complete school lunch if they choose to have a lunch at school. It is required to always have money in your child's lunch account. Charges can not be made. If money is low in their account you will receive a notice that a deposit needs to be made. Payments can be made in the lunch room or in the office. Peanut butter and jelly sandwiches will be given for those who are short on money. Also we need to have a total lunch count before **9:30 AM**. After **9:30 AM** your child will be required to bring a sack lunch. A phone call is acceptable to reserve a lunch for your child if you plan on them arriving late for school.

For questions or to reserve a lunch for your child please call 520-896-3080. Thank you for your cooperation.

Please sign below.

I

Parent or Guardian Signature

understand that I must call before 9:30 AM to reserve my child a lunch or I must send my child a sack lunch if he/she arrives to school late after 9:30 AM.

ORACLE SCHOOL DISTRICT #2

725 N. Carpenter Dr.

Oracle, AZ 85623

(520) 896-3080

2009-2010

STUDENT REGISTRATION FORM

Student Name _____ Grade _____

Physical Address _____ Mailing Address: _____

Phone # ____ - ____ - ____ DOB ____ / ____ / ____ Birth Place _____ M ____ F ____

Ethnic choice: Check one you most closely identify with:

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

Person to call in case of emergency:

Name: _____

Phone: _____

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: _____

FAMILY INFORMATION:

Name of:	Occupation	Where employed	Phone #	Living	
				Yes	No
Father _____	_____	_____	_____	_____	_____
Mother _____	_____	_____	_____	_____	_____
Step Parent _____	_____	_____	_____	_____	_____
Guardian _____	_____	_____	_____	_____	_____

Student living with: _____ Number of children in family: _____

Is there a non-custodial parent? Yes ____ No ____ If yes, do you have custody papers? Yes ____ No ____
(If Yes you must provide!)

I will call Oracle Ridge School Office to make arrangements when other persons not listed on Blue Emergency Form are picking up my child. When doing so, I will give the last four digits of my social security numbers as verification _____.

Survey

Name of brothers Date of Birth

Name of sisters Date of Birth

I give my permission for my son/daughter to attend any District activity of Oracle Ridge 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 _____

ORACLE RIDGE

Matric # _____

Verify DOB: _____

Certified By: _____ Birth Certificate
 Baptismal Certificate
 Other

ALL FIELDS ARE REQUIRED TO BE FILLED IN!!!

Emergency Information and Immunization Record Card

Child's Name: _____ Date Enrolled: _____ Updated: _____
 Home Address: _____ Date Disenrolled: _____
Street City State Zip
 Home Phone: _____ Date of Birth: _____ Sex: male female

Mother or Guardian Name: _____
 Home Address: _____
Street City State Zip
 Home Phone: _____ Cell Phone: _____
 Business Name: _____ Work Phone: _____
 Business Address: _____
Street City State Zip
 Signature: _____

Father or Guardian Name: _____
 Home Address: _____
Street City State Zip
 Home Phone: _____ Cell Phone: _____
 Business Name: _____ Work Phone: _____
 Business Address: _____
Street City State Zip
 Signature: _____

If Medical Care is Necessary, Call:

DOCTOR: _____
Name Address City State Zip Phone

HOSPITAL: _____
Name Address City State Zip Phone

Does your child have insurance coverage? No Yes
 Name of Insurance Company _____ (Optional)

In case of injury or sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child.

Name: _____ Name: _____

Address: _____ Address: _____
Street City State Zip Street City State Zip

Telephone: _____ Cell phone: _____ Telephone: _____ Cell phone: _____

Name: _____ Name: _____

Address: _____ Address: _____
Street City State Zip Street City State Zip

Telephone: _____ Cell phone: _____ Telephone: _____ Cell phone: _____

The following person(s) may **not** remove my child from the center:

Name: _____ Name: _____

Custody papers have been provided and are on file at the facility. yes no

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent or Guardian printed name _____ Signature _____ Date: _____

PHYSICAL ADDRESSES ONLY!!!

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NO P.O. BOXES!!!

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PHYSICAL ADDRESSES ONLY!!!

PLEASE PROVIDE A NEW COPY OF YOUR CHILDS IMMUNIZATION CARD

Immunization **EACH YEAR.**

Age	Required Vaccine Doses By Age						
	DTaP	Polio	Hib	Hepatitis B	Hepatitis A	MMR	Varicella
<2 months				#1			
2-3 months	#1	#1	#1				
4-5 months	#2	#2	#2	#2			
6-11 months	#3		#2 - #3 ¹				
12-14 months		#3	#1 - #4 ²	#3		#1	#1
15-59 months	#4						
24-71 months					#1 ³ & #2 ³		
School Age (K-12)	#4 ⁴ or #5	#3 ⁵ or #4		#3		#2 ⁶	#1 ⁷

¹ Pedvax or Comvax vaccine given

² Must have at least 1 Hib after 12 months of age

³ Hep A required in Maricopa County only

⁴ 4 doses meet requirement if 4th dose is after 4th birthday

⁵ 3 doses meet requirement if 3rd dose is after 4th birthday

⁶ Must have 2 doses of MMR for K-12 entry

⁷ A 2nd dose is needed if dose #1 is given at 13+ years of age

Check one

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):

____/____/____
MO/DAY/YR

____/____/____
MO/DAY/YR

____/____/____
MO/DAY/YR

Updated immunizations received and attached

____/____/____
MO/DAY/YR

____/____/____
MO/DAY/YR

____/____/____
MO/DAY/YR

Medical Information

Is child allergic to food or other substances? No Yes (If yes, name foods or substances to be avoided and procedure to follow if reaction occurs.) _____

Is child usually susceptible to infections and if so, what precautions need to be taken? No Yes _____

Is child subject to convulsions and what should be our procedure if one occurs? No Yes _____

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? No Yes _____

Additional comments: _____

Other special instructions: _____

Telephone Authorization Code : _____ (optional)

**Oracle School District
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, medicacion, 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



State of Arizona
Department of Education
Office of English Language Acquisition Services

Primary Home Language Other Than English (PHLOTE)
Home Language Survey

This question is in compliance with A.R.S. §15-756. *Identification of English Language Learners*

Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

“What is the primary language of the student?”

Language: _____

Student Name: _____

Date of Birth: _____

Parent/ Guardian Signature: _____ **Date:** _____

(For Office Use Only)

Student ID: _____

SAIS ID:

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**Instructions for Administering the
Primary Home Language Other Than English (PHLOTE)
Home Language Survey**

1. The parent(s) and/or guardian(s) of newly-enrolled students must be asked the question: “**What is the primary language of the student?**”
2. If the response to this question is ANY language other than English, then the student must be assessed with the Arizona English Language Learner Assessment (AZELLA).
3. The “PHLOTE-Home Language Survey” shall be revised as of July 1, 2009.
 - This official Arizona Department of Education (ADE) form is the only verification for language that is to be in every school’s registration packet.
 - There is no need to have this language verification information duplicated on the school enrollment form.
4. A copy of the completed “PHLOTE-Home Language Survey” shall be included in the student’s Cumulative (CUM) file.
5. This official Arizona Department of Education (ADE) form cannot be modified or changed in any way.
6. If the Local Educational Agency (LEA) [district or charter school] has any additional information that must be captured, the LEA may create its own additional form.
 - This LEA-created form (in whole or in part) **may not be used** in the eligibility determination process of assessing a student for English language proficiency.
7. A new “PHLOTE-Home Language Survey” does not have to be completed annually.

As noted on the document front, any language (**other than English**) entered on this form, is the language that should be accurately entered into the “Student Accountability Information System” (SAIS) via an LEA’s *Student Management System*.



Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal del Estudiante excluyendo el inglés (PHLOTE)
Encuesta sobre el idioma principal del estudiante

La pregunta está en conformidad con A.R.S. §15-756. Identificación de los Alumnos que están aprendiendo el inglés

La respuesta que proporcione a la pregunta siguiente será usada para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

¿Cuál es el idioma principal que usa su estudiante?

Idioma: _____

Nombre del estudiante: _____

Fecha de nacimiento: _____

Firma del padre o tutor: _____ **Fecha:** _____

(For Office Use Only)

Student ID: _____

SAIS ID:

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**Instructions for Administering the
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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 Todd Kissick, 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 Todd Kissick, 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 be 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

PERMISSION FORM AND RELEASE OF CLAIMS

ORACLE SCHOOL DISTRICT #2

Permission to participate in off campus activities (e.g., field trips, Red Ribbon walk, 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 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 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 my 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

Oracle School District No. 2
School Year 2009-2010

EXTRACURRICULAR ACTIVITY FEE
(Fee required for students to participate in extracurricular activity)

Accompanying this form is the amount of \$1.00, as payment of extracurricular activity fees. I understand that this \$1.00 fee for each student, allows the student to participate in any of the extracurricular activities with the Oracle School District No. 2.

A few examples of extracurricular activities with the Oracle School District are:

- Educational Field Trips
- Before/After School Programs
- Athletics/ Cheerleading
- Intersession Classes & Camps
- And lots more

In order to qualify to use the tax credit monies a school district receives, this fee is required in support of extracurricular activities.

If you are interested in contributing a maximum of \$400 towards you individual State income tax please let us know and we will be happy to give you any information requested. It is this "Tax Credit" which generates the revenue for all of our extracurricular activities at Oracle Schools.

We appreciate you cooperation. Please contact the District Office at (520) 896-3071 if you have any questions.

\$1.00 fee for each student(s) name: _____

PLEASE COMPLETE INFORMATION BELOW – THANK YOU!

The following information is required for the District's yearly report to the Arizona Department of Revenue to verify eligibility for the tax credit allowed by A.R.S. 43-1089.01.

Parent Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Date: _____

(For School Office Use Only)

Received By: _____

Date: _____

Credited: _____

Amount Received: \$ _____