



Oracle School District #2

725 N. Carpenter Dr., Oracle, Arizona 85623 Phone: 520.896.3071 Fax: 520.896.3088

ORACLE RIDGE CAMPUS
Pre-School and Kindergarten
520-896.3080/520.896.3082

MOUNTAIN VISTA CAMPUS
Grades First-Eighth
520-896.3000/520.896.3001

2011-2012

Dear Parents, Grandparents, and Guardians:

Thank you for entrusting your child's safety and education to us. The Staff of the Oracle Ridge Learning Center pride themselves on being friendly, courteous, and proud to serve you and your children. We are more than a school we are your exclusive educational service provider. We want to meet all of your child's educational needs. A complete array of special needs assessments and services are available.

The Oracle Ridge learning center specializes in preschool, kindergarten, and childcare needs for children ages 3 to 13. Currently childcare is available from 6 AM to 6 PM. Within that timeframe kindergarten and preschool classes occur.

Attached is an enrollment packet for one of our programs. Please complete and return it at your earliest convenience. We look forward to serving your child(ren) and you.

If you should ever have a suggestion, comment, or concern please do not hesitate to contact Erika or me. We want to provide you with the best customer service available.

Respectfully,

Todd Kissick, Principal/Superintendent
Direct office line: 520-896-3074
Cell: 928-310-6815
Home: 520-825-4209
E-mail: tkissick@osd2.org
Website: www.osd2.org

Erika E. Poskey
Oracle Ridge Learning Center Clerk
Direct office line: 520-896-3080
Website: www.osd2.org

G O V E R N I N G B O A R D

Alicia Bristow
alicia.bristow@q.com
520-896-9150

Nellie Doran
aafurnrescue@theriver.com
520-896-9257

Elizabeth Harmon
bestharmon2@msn.com
520-896-2789

Jack Siddle
jrsidjr@q.com
520-896-2507

Kurt Steffens
gilahank@aol.com
520-498-1944

Checklist for Kindergarten

Must be 5 year of age before September 1st

2011 - 2012

Valid from July 1, 2011 - June 30, 2012

Child's Name: _____

Date of Birth: _____

Check List for office use:

- Lunch Agreement Form
- Registration Form
- Medical History
- Emergency Contact Form
- Home Language Survey
- Confidentiality of Student Records Form
- Permission & Release of Claims Form
- Permission to Photograph Form
- Birth Certificate
- Extracurricular Activity Fee **\$1.00**

o Date Paid: _____

OFFICE USE:

Student ID # _____

Teacher/Class _____

ORACLE SCHOOL DISTRICT #2

ORACLE RIGE SCHOOL

725 N. Carpenter Dr.

Oracle, AZ 85623

(520) 896-3080

2011 - 2012

STUDENT ENTRY/REGISTRATION FORM

Student Name _____ M ___ F ___ Grade _____

Physical Address _____ City _____ Zip _____

Mailing Address: _____ City _____ Zip _____

Phone # _____ - _____ - _____ DOB _____ / _____ / _____ Birth Place _____

FAMILY INFORMATION:

Occupation

Where employed

Phone #

Living

Name of:

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!)

Survey

Name of brothers _____

Date of Birth _____

Name of sisters _____

Date of Birth _____

Person to call if parent can not be reached:

Name: _____

Name: _____

Phone: _____

Phone: _____

Name: _____

Name: _____

Phone: _____

Phone: _____

Name: _____

Name: _____

Phone: _____

Phone: _____

I will call Oracle Ridge School Office to make arrangements when another person is not listed on the Emergency Contact Form & is picking up my child. When doing so, I will give a security code number as verification.

****Please provide a 4 digit security code on this line: _____****

This number must be kept confidential amongst the parents/guardians and school officials.

Ethnic choice survey: 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)

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: _____

TRANSPORTATION INFO:

How is your child getting to school? BUS _____ DROP OFF _____ OTHER: _____

How is your child getting home? BUS _____ PICK UP _____ OTHER: _____

Bus stop address: _____ Bus #/Drive _____

Bus transportation #: 520-896-3052

I verify the above information to be accurate.

Signature of Parent/Guardian

Date

<u>FOR OFFICE USE ONLY</u>	<u>SCHOOL NAME: ORACLE RIDGE</u>
Date Entered in Power School: _____	Student ID # _____
Date of Entry: _____	Entry Code _____
Date of Withdrawal: _____	Certified By: _____
Verify DOB: _____	() Birth Certificate
	() Baptismal Certificate
	() Other
	Matric # _____

Oracle School District
2011 - 2012
MEDICAL HISTORY/ Historio Medico

Student's Name (Nombre del estudiante): _____ Date (Fecha): _____
 School (Escuela): Oracle Ridge 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

PERMISSION FORM AND RELEASE OF CLAIMS

ORACLE SCHOOL DISTRICT #2

Permission to participate in off campus activities (e.g., field trips, H.O.P.E 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. 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 2011-2012**

**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: \$ _____

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



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.



Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. **¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?** _____
2. **¿Cuál idioma habla el estudiante con mayor frecuencia?** _____
3. **¿Cuál fue el primer idioma que aprendió el estudiante?** _____

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de SAIS _____

Firma del padre o tutor _____ Fecha _____

Distrito o Charter _____

Escuela _____

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.