VESD# 22 NEW STUDENT ADMISSION FORMS CHECKLIST

Student Name	
Current School/Grade	**Submission Date**
Contact for Application	**Daytime Phone**

Document/Form:	*Date Received*	*Notes/Requirements*
Enrollment Form (Two Pages)		Complete and sign prior to enrollment
Residency Documentation Form and Supporting Document(s)		Complete and sign prior to enrollment, provide supporting document(s)
PHLOTE Form		Complete and sign prior to enrollment
Health History Form		Complete and sign prior to enrollment
Emergency Information Form		Complete and sign prior to enrollment
Immunization Records		Provide copies prior to enrollment
Birth Certificate		Provide copy prior to enrollment
Records Request Form		Parent/Guardian or VESD - After enrollment
Medicines Authorized and Emergency Care Form		Parent/Guardian complete and sign after enrollment
First Page of Student Handbook		Parent/Guardian sign after enrollment
45 Day Screening Form		VESD - After enrollment
Other (if Necessary) _____		VESD - After enrollment

VESD 5/21/13

VALENTINE UNIFIED SCHOOL DISTRICT NO.22
APPLICATION FOR OPEN ENROLLMENT
2014-2015

*NOTE: THIS FORM MUST BE RETURNED ON OR PRIOR TO **May 30th***

Student's Name: _____
Last *First* *MI*

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

Mailing Address: _____
(If Different From Street Address)

Student's Date of Birth: _____
Mo *Day* *Yr*

Name, address and telephone number of parent(s) or guardian(s) with legal custody of the student:

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Message phone: _____

Circle grade level in VESD #22 student desires to attend during the upcoming school year:
K 1 2 3 4 5 6 7 8

School district, school and grade level that the student is currently attending:

Date of First Enrollment: _____ Is Student Currently Enrolled? **YES NO** *(circle one)*

School District Name: _____ City/County: _____

Name of School: _____ Current Grade Level: _____

School district and school serving the area where the student's parent(s) or legal guardian(s) reside:

School District Name: _____ School Name: _____

City/County: _____

If the student participates, or anticipates participating in either special education or programs involving section 504 disability accommodations, please describe in detail the program, special needs, or required accommodation:

_____

_____

_____

_____

_____

_____

Cont

Is the student?:

- Currently subject to disciplinary action imposed by any school/school district? ___**YES** ___**NO**
- Out of compliance with disciplinary action imposed by any school or school district? ___**YES** ___**NO**
- Subject to any condition imposed by or order rendered by a juvenile court? ___**YES** ___**NO**
- Is the student currently under suspension or has the student been expelled from any school or school district? ___**YES** ___**NO**
- Has the student ever been adjudicated delinquent? ___**YES** ___**NO**
- Does the student have a record of excessive absences or truancies from any school or school district? (Absences may be considered excessive when the number of absent days exceeds 10% of the number of required attendance days.) ___**YES** ___**NO**

If yes to any of the above, please provide details: _____

_____

_____

_____

_____

Name and grade of each sibling of student currently enrolled VESD #22:

Name of Sibling:_____Grade:_____

Name of Sibling:_____Grade:_____

Name of Sibling:_____Grade:_____

I authorize VESD #22 to contact prior and/or current schools to gather or discuss educational records. If accepted, I affirm the student will abide by the rules, standards and policies of VESD #22.

_____ _____

Signature of Parent/Legal Guardian *Date*

Application Received:

_____ _____

VESD #22 Office Staff *Date*

Student Accepted:

_____ _____

VESD #22 Superintendent *Date*

Notes on open enrollment: 1. Application must be completed and submitted on or before May 30th. 2. Enrollment is subject to the capacity limit established for the school and/or its grade levels. 3. On or before June 10, the parent or guardian will be notified whether the application has been accepted. 4. Providing false information may result in the application denied, or admission revoked.

Revised 7/9/14 CAM

J-0781 © JFAA-EA

EXHIBIT EXHIBIT

ADMISSION OF RESIDENT STUDENTS

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.

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.

STUDENT HEALTH HISTORY

Student _____

Family doctor_____ #_____ Dentist_____ #_____

Current medical problems and medications administered daily_____
_____

Previous illnesses or injuries(infections, chronic diseases, complications / age of child at the time and dates)_____

Hospitalized/operations (age of child and date)_____
_____

Allergies (food, medication, etc.)_____
_____

Known vision, hearing or speech problems(past or current)_____
_____

Family or hereditary diseases_____
_____

Please check and date any problems student has had or currently has

concussion_____	muscles_____	asthma_____
birth defect_____	chickenpox_____	diabetes_____
excessive colds_____	frequent ear infections_____	heart disease_____
hepatitis_____	mono_____	seizure disorder_____
stitches_____	balance_____	bone, joint, muscles_____
tonsils_____	scarlet fever_____	balance_____

Additional comments/concerns_____
_____
_____

Emergency Contacts

Name_____Relationship_____Telephone_____
Name_____Relationship_____Telephone_____
Name_____Relationship_____Telephone_____

Emergency Information

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:

_____ **Date:** _____
Parent or Guardian printed name Signature

Immunization Information

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

	Copy of current official documented immunization record attached
	Religious Beliefs exemption form signed by parent/guardian attached
	Medical Exemption form signed by physician and parent/guardian attached
	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? (If so, 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?_____

_____

Is child subject to convulsions and what should be our procedure if one occurs?_____

_____

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.)?_____

_____

Additional comments:_____

_____

Other special instructions:_____

_____

Telephone Authorization Code:_____(optional)