

Pre-Enrollment Form 2020-2021

Date: _____



Park View Middle School
9030 E. Florentine Road, Prescott Valley, AZ 86314
Office (928)775-5115 Fax (928)775-6253

For Office Use Only

Grade Level: _____
 Entry Date: _____
 ADE ID #: _____
 ID #: _____
 Staff Initials: _____

Student Information

Legal Last Name: _____ First: _____ Middle: _____
 Last Name (If other than legal): _____ Nickname: _____
 Is student homeless? Yes No (If Yes, please speak to the site administrator.)
 Residence Address: _____ City: _____ State: _____ ZIP: _____
 Mailing Address: _____ City: _____ State: _____ ZIP: _____
 Home Phone: () _____ Male Female Age (as of Sept. 1) _____
 Birth Date: _____ Birth Place: _____
(month/ day / year) (city, state)

Grade the student is in right now at his/her current school: _____

Please answer both of the following questions: Is this student of Hispanic/Latino ethnicity? Yes No
 What is the student's race? (Choose one or more.) American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Pacific Islander White

Last School Attended: _____ City: _____ State: _____

Has the student ever been suspended or expelled from school in the past? Yes No
 If yes, please explain: _____

Has the student been out of school for: 1-4 weeks One semester One Year Two years
 If yes, please explain: _____

Has the student been enrolled in any special programs? None Special Education Chapter I Gifted
 Bilingual ESL Title I 504

If Special Education: Date of last IEP: _____ Date of last accommodation plan: _____

What is primary language spoken at home? _____ What is language most spoken by student? _____ What is language student first acquired? _____

Parent Information

Student lives with: Mother Father Both Parents Guardian Relative Friend

Are parent(s) of the student: Married Divorced Separated Never Married

Parental Permissions:
 If divorced or separated, does Mother Father Both have permission to (check all that apply):
 Pick up student Receive mailings Contact school for student information Have contact with student

Custody:
 Joint Custody *Separate Custody with Mother Father Other
 (*If you are a guardian or not sharing joint custody, please provide legal documentation.)

Is student a ward of the court? No Yes—Case Manager Name: _____ Phone: _____

Father/Guardian's First Name: _____ Last Name: _____
 Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____
 Employer: _____ Occupation: _____
 E-mail address: _____ Active Military? No Yes

Mother/Guardian's First Name: _____ Last Name: _____
 Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____
 Employer: _____ Occupation: _____
 E-mail address: _____ Active Military? No Yes

Additional paperwork is necessary to complete enrollment.

Consent Form

Enrollment Form (Page 2)

Please list your emergency contacts. These contacts may be called to pick up your student in case you cannot be reached. The State requires us to have two additional contacts beyond the parents or guardians. The first and second contact priorities are listed on *Page One* of the Enrollment Form.

Emergency Contact: _____ Phone #: _____

Relationship to student: _____ Cell/Pager #: _____

Emergency Contact: _____ Phone #: _____

Relationship to student: _____ Cell/Pager #: _____

I, _____, **Do Not Want** the School to publish the following information for my child:

- Publish student's name (first name only) on the school's web site which is available on the world wide web.
- Publish student's photo on the school's web site which is available on the world wide web.
- Publish student's photo and full name in school's publications, i.e., School newsletters, local newspapers.
- Allow my student to appear on Television.
- Publish student's photo (no names) in School's advertising venues, i.e., school's newsletters, local newspapers.

Yes, my student listed prior has my permission to ride in a school vehicle for field trips and other school-related activities.

No, my student does not have my permission to ride in a school vehicle for field trips and other school-related activities.

If you do not want your student to receive any of the products listed below, please *check* that particular medication. Many of these medications may be purchased in the generic equivalent. **NOTE: There is not a school nurse on campus.**

MEDICINE APPLIED TO THE SKIN

- ___ Antibiotic Ointment
- ___ Caladryl
- ___ Hydrocortisone Cream
- ___ Hydrogen Peroxide
- ___ Sterile Eye Wash Solution

Does your student have a medically prescribed inhaler? No Yes (If yes, medication consent form must be completed) Reason: _____

Does your student have any serious illness or handicaps? _____

Does your student have any allergies? _____

IMPORTANT PARENT INFORMATION

The administration of prescription or over-the-counter medications requires written consent from the parent/guardian on the "Parents Consent for Giving Medication at School" form. **No medications will be given by the health aide without this form.** If a child is to take medication both at school and at home, please ask your pharmacist to provide you with *two marked containers*, one for home and one for school. All medications (prescription or over-the-counter) must be in the original container, checked in to the office by the parent, along with the form. For safety precautions, students are not allowed to carry medication (with the exception of a prescribed inhaler, which requires a completed form) on school grounds All medications given to students must be supplied by parent/guardian; the School does not supply medications.

Parent Signature: _____ Date: _____

Health and Emergency Information

Enrollment Form (Page 3)

Family Doctor: _____ Telephone: _____
 Family Dentist: _____ Telephone: _____
 Counselor: _____ Facility: _____

Student Insurance Information

None

Name of Insurance: _____
 Policy Number: _____ Phone Number: _____
 Primary Insurance Holder: _____

Has your student ever had any of the following? Please check yes or no. If yes, note the year.

| | Yes | No | Year | | Yes | No | Year | | Yes | No | Year |
|------------------------|-----|----|------|--------------------------|-----|----|------|----------------------|-----|----|------|
| Asthma | | | | Headache | | | | Paralysis | | | |
| Allergies | | | | Head Injury | | | | Rheumatism/Arthritis | | | |
| Back Pain | | | | Hearing Problems | | | | Rubella | | | |
| Bronchitis | | | | Heart Condition | | | | Scoliosis | | | |
| Chest Pain | | | | Hepatitis | | | | Skin Disease | | | |
| Chickenpox | | | | High Blood Pressure | | | | Sore Throat | | | |
| Convulsions | | | | Intestinal Trouble | | | | Speech Problems | | | |
| Depression | | | | Kidney/Urinary Infection | | | | Stomach | | | |
| Diabetes | | | | Measles | | | | Upper Respiratory | | | |
| Dizziness/ Fainting | | | | Meningitis | | | | Ulcers | | | |
| Earache | | | | Mononucleosis | | | | Valley Fever | | | |
| Emotional Problems | | | | Mumps | | | | Vision Problems | | | |
| Epilepsy | | | | Orthopedic Problems | | | | | | | |

Comments to "Yes" items: _____

Any other problems not listed above: _____

Any physical restrictions for any activity: _____

Please list any medications your child is currently taking at home: _____

Is your child presently receiving any medical treatment? Yes No

If yes, please explain: _____

***In the event we are unable to reach listed parents or emergency contacts, and medical care is necessary, the student will be taken to the nearest medical facility by whatever means necessary, including ambulance, to ensure the health and safety of your student. Fees incurred will be the responsibility of the parent/guardian and not that of the School or its employees. Your signature below for authorization and completeness of the information will be considered in force until changed by the parent/guardian in person.**

Student's Name: _____

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

Park View Middle School *Canyon View Preparatory Academy*
FIELD TRIP & EMERGENCY MEDICAL CONSENT FORM

This form must be updated (by parent) when any changes occur.

_____/_____/_____
DATE STUDENT'S NAME STUDENT'S DOB AGE

Parent/Guardian: #1 _____
Work Phone: _____ cell: _____
Parent/Guardian #2 _____
Work Phone: _____ cell: _____
Address: _____
City/State/Zip: _____
Home Phone: _____

Field Trip Permission

I hereby give permission for my child to attend field trips sponsored by the School during the regular school year. I will receive a separate permission slip to sign for my child on any field trip that travels beyond the Tri-City boundary area, and any travel that extends beyond the regular hours of school operation.

X _____
Parent/Guardian Signature

Emergency Medical Information

List any allergies: _____
List any medical problems: _____
List any current medication: _____

List people who may care for your child if you are not available.

Medical Insurance Carrier: _____ Policy Number: _____
Name of Insured: _____ ID Number: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

***In the event we are unable to reach listed parents or emergency contacts, and medical care is necessary, the student will be taken to the nearest medical facility by whatever means necessary, including ambulance, to ensure the health and safety of your student. Fees incurred will be the responsibility of the parent/guardian and not that of the School or its employees. Your signature below for authorization and the completeness of the given information will be considered in force until changed by the parent/guardian in person.**

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

The above signed parent/guardian, having legal custody or control of this minor, **grants permission** for any emergency treatment and hospital services that may be rendered to said minor, under the general or specific directions of

Doctor: _____ Phone: _____ or any hospital emergency department physician.

Enrollment Questionnaire

Special Education, Support Service, Disciplinary Action Questionnaire

(This form is optional; however, incomplete or omitted information may delay or impair proper services.)

Has your child received any of the following services? Please check all that are applicable:

- _____ Special Education
- _____ Resource Room
- _____ Speech/Language Therapy (If exited, when_____.Please provide exit documentation.)
- _____ Physical/Occupational Therapy
- _____ Title 1
- _____ Counseling (If Yes, Where:_____)
- _____ Learning Disability Classroom
- _____ Classroom For Emotional/Behavior Problems
- _____ Remedial Reading
- _____ Severe Learning Disabled
- _____ English As a Second Language (ESL)
- _____ English Language Learner (ELL)
- _____ Gifted Program
- _____ Hearing or Vision Special Services
- _____ Residential Placement
- _____ Alternative School
- _____ Vocational Special Education
- _____ Probation/Legal/Juvenile Detention Programs
- _____ Section 504
- _____ Suspension, Expulsion or other disciplinary action (explain):_____
- _____
- _____ Other (explain): _____
- _____
- _____ None

Parent Signature

Date

Welcome to Park View Middle School and to Canyon View Prep Academy. We are happy that you have chosen our schools, and we look forward to working with you to further your student's education.

Entry Survey

In our continuing effort to improve our educational program, we ask that you take just a few minutes to answer the following questions. We value the partnership between home and school. Your input will be greatly appreciated. Thank you.

- **How did you find out about our school?**
(Current/previous student (*list name*), friend, family, internet, radio, print, etc.)

- **Are you enrolling in Park View Middle School or Canyon View Prep from another school in our area?**

If yes, please list the last two schools attended with dates attended:

- **Why did you choose Park View Middle School and/or Canyon View Prep?** _____

- **What classes, programs or activities would you like to see offered at these schools?**

- **Additional comments:**

Enrollment Disciplinary Statement

Your application for enrollment of your son/daughter is being considered with the understanding that, should the application be approved, it is a temporary approval for enrollment into our School until all records are received from previous school(s). When records are received and they are in order-- with no record of current expulsion, suspension, or non-compliance with a condition of disciplinary action imposed by the juvenile court -- regular registration and enrollment will be initiated. Acceptance for enrollment may be revoked upon finding the existence of any of these conditions.

Name of Student—please print

Parent's Signature

Date



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



Arizona Department of Education

Office of English Language Acquisition Services

Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. **Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA).** Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse antes de que el estudiante tome el Examen AZELLA.

1. ¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?

2. ¿Qué idioma habla el estudiante la mayoría del tiempo?

3. ¿Qué idioma habló o entendió el estudiante primero?

| | |
|-------------------------------|------------------------------|
| Nombre del estudiante _____ | Distrito _____ |
| Fecha de nacimiento _____ | Núm. de identificación _____ |
| Firma del padre o tutor _____ | SSID _____ |
| Distrito o Charter _____ | Fecha _____ |
| Escuela _____ | |

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)

RIGHTS OF HOMELESS STUDENTS

The School District shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth applies to all services, programs, and activities provided or made available.

A student may be considered eligible for services as a "Homeless Child or Youth" under the McKinney-Vento Homeless Assistance Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program.
- In a hotel/motel, campground, or similar situation due to lack of alternatives.
- In a bus station, park, car, or abandoned building.

According to the McKinney-Vento Homeless Act, eligible students have rights to:

Immediate enrollment: *Documentation and immunization records cannot serve as a barrier to enrollment in school.*

School Selection: *McKinney-Vento eligible students have a right to select from the following schools:*

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)

Remain enrolled *in his/her selected school for the duration of homelessness, or until the end of the academic year in which he/she became permanently housed.*

Participate in programs *for which they are eligible including Title I, National School Lunch Program, Head Start, etc.*

Transportation services: *A McKinney-Vento eligible student attending his/her School of Origin has the right to transportation to and from that School of Origin.*

Dispute Resolution: *If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the School District. The School District must respond and attempt to resolve it quickly. During the dispute time, the student must be immediately enrolled in the School and provided transportation until the matter is resolved. The Homeless Liaison will assist the student in making decisions, providing notice of any appeal process, and filling out the dispute forms.*

For more information, refer to www.azed.gov/asd/nclblibrary/McKinney_Vento_Homeless_Guidance.pdf, or contact:

Betsy Bowers, Homeless Liaison
Park View Middle School & Canyon View Prep Academy
9030 E. Florentine Road, Prescott Valley, AZ 86314
Telephone: (928) 775-5115
Betsy.Bowers@pvcvedu.org

Silvia Chavez, State Coordinator for Homeless
Arizona Department of Education
1535 W. Jefferson Street, Phoenix, AZ 85007
Telephone: (602) 542-4963
silvia.chavez@azed.gov

___ No, I do not need assistance at this time.

___ Yes, I do qualify for assistance due to the following circumstances:

___ Stepping Stones, Turning Point, or other Group Home

___ With Grandparent(s) with legal custody? ___ Yes ___ No (temporary)

Print name of parent/guardian _____

___ Doubled up (living with others due to hardship)

Living with _____ Relationship _____

___ Unsheltered (living in cars, parks, etc.) _____

___ Hotel/Motel _____

Parent/Guardian Signature

Contact Phone No.

Student Name

School of Attendance

Date

PARK VIEW MIDDLE SCHOOL and CANYON VIEW PREPARATORY ACADEMY

9030 E. Florentine Road
Phone (928) 775-5115

Prescott Valley, AZ 86314
Fax (928) 775-6253

REQUEST FOR STUDENT RECORDS

Date: _____

Student's Name: _____ Current Grade: _____

Date of Birth: _____ Age: _____

Previous School(s) Attended in the last 12 months: _____

School's Address: _____

Phone #: _____ Fax #: _____

PLEASE PROVIDE STUDENT A.D.E. I.D. NUMBER: _____
(State of Arizona only)

Please send **current** IEP, Evaluations (Speech, Psychological, and Language), Special Education Records, 504, ELL, and/or any other Special Programs Records.

Please send all grades, test scores, attendance records, transfer grades, and other pertinent information. **(For high school, please also mail official transcript.)**

Please send **current** health screenings, immunization records, and birth certificate.

NOTE: According to the Final Regulation (Family Education Rights and Privacy Act, Buckley Amendment June 17, 1976), it is no longer necessary to obtain written consent to release records between schools. School officials, including teachers within the educational institutions, and officials of other schools in school systems in which they may intend to enroll, may receive a student's record without written consent from parents/guardians.

For Office Use Only

Date of 1st Request: _____ Date of 2nd Request: _____ Date Received: _____

Communication: _____

**Arizona Department of Education
Arizona Residency Documentation Form**

PLEASE PROVIDE A COPY OF YOUR DOCUMENTATION—such as a bill, driver's license, payroll stub. A COPY CAN BE MADE IN THE SCHOOL OFFICE.



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
- Temporary on-base billeting facility (for military families)
- 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. (See reverse side of form.)

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.

PLEASE PROVIDE A COPY OF YOUR DOCUMENTATION—such as a bill, driver's license, payroll stub. A COPY CAN BE MADE IN THE SCHOOL OFFICE.

State of Arizona



COMPLETE THIS SIDE ONLY IF NECESSARY!

Affidavit of Shared Residence

Student Name: _____ Parent/Guardian Name: _____

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 _____.

Notary Public

My Commission Expires:
