

**FOUNTAIN HILLS UNIFIED
SCHOOL DISTRICT
ENROLLMENT PACKET**

McDOWELL MOUNTAIN ELEMENTARY



PACKETS SHOULD BE COMPLETED IN FULL.
ENROLLMENT PACKETS MUST BE ACCOMPANIED BY THE
FOLLOWING ITEMS:

WITHDRAWAL FORM FROM PREVIOUS SCHOOL
A CERTIFIED BIRTH CERTIFICATE
IMMUNIZATION RECORDS
PROOF OF CURRENT RESIDENCY
LAST REPORT CARD

Visit our website at www.fhusd.org

FOUNTAIN HILLS UNIFIED SCHOOL DISTRICT
STUDENT ENROLLMENT CHECKLIST

Dear Parents/Guardians:

Within this packet you will find all of the forms or explanation of items you will need in order to enroll your child. **You must have these documents with you at the time of enrollment.**

Thank You.

ENROLLMENT PACKET FORMS WHICH NEED TO BE COMPLETED FOR ENROLLMENT INTO FOUNTAIN HILLS UNIFIED SCHOOL DISTRICT.

1. Student Registration Form _____
2. Expulsion/Suspension Waiver _____
3. Authorization to Request Student Records (Full Address and Telephone Number is needed) _____
4. Authorization to Request Student Records regarding Special Education _____
5. Special Needs Survey _____
6. Proof of Residency _____
7. Home Language Survey _____
8. Designation of Directory Information _____
9. Media Release _____
10. Field Trip Permission Form _____
11. Native American Survey (Native American Students Only) _____
12. District Internet Usage Agreement _____
13. McDowell Mountain Elementary Only, Supplemental Forms _____

ADDITIONAL INFORMATION NEEDED FOR ENROLLMENT INTO FOUNTAIN HILLS UNIFIED SCHOOL DISTRICT:

1. Copy of the student's most recent Report Card from prior school _____
2. Proof of current residency within our school district boundaries _____
 - A) See attached form for acceptable documents
 - B) If you are requesting open enrollment status you must complete an open enrollment form. The district office and the school principal must approve your open enrollment application before your student can be enrolled in school.
3. Certified Birth Certificate _____
4. Proof of Immunizations _____
5. Withdrawal Form from previous Arizona school _____

OFFICIAL USE ONLY: District #: 070298000 School Year: _____ School #: <input type="checkbox"/> 101 <input type="checkbox"/> 102 <input type="checkbox"/> 104 <input type="checkbox"/> 205	Fountain Hills Unified School District STUDENT REGISTRATION FORM	OFFICIAL USE ONLY: IMPORTANT: Complete all areas for Audit Date entered into PS w/initials: _____ Date Records Requested: _____
---	---	---

Student Information:

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____
 Name Student Goes By: _____ Gender: M F Student Email _____
 Birthdate: _____ Country of Birth: _____ State of Birth _____
 Date Entered US: _____ Date Entered US School: _____ Refugee Status: Y N

Is this student of Hispanic/Latino Ethnicity? Y N

Please mark one or more boxes to indicate the Student's race:

- White Black/African American Hispanic Asian
 *American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

*Tribal Name: _____

Student language survey:

What is the primary language used in the home regardless of the language spoken by the student?
 English Spanish Other: _____
 What is the language most often spoken by the student? English Spanish Other: _____
 What is the language that the student first acquired? English Spanish Other: _____

Academic History:

Last School Attended: _____ Grade: _____ School year: _____
 School Address: _____
Street Address City State Zip

Has the student ever been identified for any of the following programs?
 Special Education Speech Gifted 504 Plan ESL
 Has your child ever been expelled or long-term suspended? Y N
 Has the student been retained? Y N, If yes, which grade? _____ Student's start date will be: _____

Parent Information: Student resides with - Household number 1

The school will honor the non-custodial parent's requests for information unless copies of custody papers or copies of court orders restricting the non-custodial parent's access to such information is on file at the school. Legal Guardians, a copy of the court order indicating custody must be on file.

Parent/Guardian Legal Name: Household 1

Legal Last Name: _____ Legal First Name: _____ Middle Int: _____
 Primary Contact Phone: _____ Cell Phone: _____
 Work Phone: _____ Email Address: _____
 Relationship to Student: Mother Father Step-Mother Step-Father
 Foster Mother Foster Father Other _____

Parent/Guardian Legal Name: Household 1

Legal Last Name: _____ Legal First Name: _____ Middle Int: _____
 Primary Contact Phone: _____ Cell Phone: _____
 Work Phone: _____ Email Address: _____
 Relationship to Student: Mother Father Step-Mother Step-Father
 Foster Mother Foster Father Other _____

Primary Residence Address:

Street Address _____ Apt/Unit No. _____

City _____ State _____ Zip Code _____

Mailing Address (if different from above):

Street Address _____ Apt/Unit No. _____

City _____ State _____ Zip Code _____

Parent Information: Non-Custodial Household - Household number 2

Parent/Guardian Legal Name: Household 2

Legal Last Name: _____ Legal First Name: _____ Middle Int: _____

Primary Contact Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Relationship to Student: Mother Father Step-Mother Step-Father
 Foster Mother Foster Father Other _____

Parent/Guardian Legal Name: Household 2

Legal Last Name: _____ Legal First Name: _____ Middle Int: _____

Primary Contact Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Relationship to Student: Mother Father Step-Mother Step-Father
 Foster Mother Foster Father Other _____

Primary Residence Address:

Street Address _____ Apt/Unit No. _____

City _____ State _____ Zip Code _____

Mailing Address (if different from above):

Street Address _____ Apt/Unit No. _____

City _____ State _____ Zip Code _____

Emergency Contact: _____ Phone Number: _____

Phone Number: _____ Relationship to Student: _____

Emergency Contact: _____ Phone Number: _____

Phone Number: _____ Relationship to Student: _____

I understand that any incorrect information listed above could jeopardize this student's enrollment. I understand that if I withdraw my student, it is school policy to come to the office, complete a withdrawal form, and provide necessary follow-up information. By following this policy, the transition for your student's records and enrollment will go smoother from our school to their new school.

Arizona law states that we must have an up-to-date immunization schedule or exemption form on file before a new student in our district can attend school.

Parent/Guardian Signature: _____ Date: _____



**Arizona Department of Education
Arizona 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
- 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.

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.



State of Arizona
Affidavit of Shared Residence

I 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
- 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.
- 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:

FOUNTAIN HILLS UNIFIED SCHOOL DISTRICT
Expulsion/Suspension Information

Student Name: _____

Parent/Guardian: _____

Address: _____

Telephone: _____

Last School Attended: _____

Last Date in Attendance: _____

Withdrawal information from last school:

1. Has the student ever been removed from any class for either attendance or discipline reasons?

Yes

No

2. Was this student going to lose credit for any classes at the time of his withdrawal from the last school/school district attended due to attendance or discipline?

Yes

No

If Yes, why?

3. Is this student currently expelled or suspended from last school/school district attended?

Yes

No

If Yes, why?

4. Is this student currently being recommended for expulsion or long term suspension from the last school/school district attended?

Yes

No

If Yes, why?

I understand that any incorrect information listed above could jeopardize this student's enrollment at Fountain Hills Unified School District.

Parent/Guardian Signature

Date

AUTHORIZATION TO REQUEST STUDENT RECORDS

DO NOT COMPLETE THIS FORM IF THE LAST SCHOOL YOUR STUDENT ATTENDED WAS IN THE FOUNTAIN HILLS SCHOOL DISTRICT.

Student's Name (PRINT)

Grade

Birthdate

I hereby authorize:

Former School/District (PRINT)

Street or Post Office Box

City, State and Zip Code

Telephone Number with Area Code

Fax Number with Area Code

to furnish any and all information regarding the above named student to the Fountain Hills Unified School District. **This includes educational, psychological, medical and discipline or any other information you may have for this student.**

Please forward all records to:

**McDowell Mountain Elementary
14825 N. Fayette Dr.
Fountain Hills, Arizona 85268
(480) 664-5200 Phone (480) 664-5299 Fax**

Attention: Records Department

It is understood that this information will be used in a confidential and professional manner in the best interest of the child. Thank you for your attention and cooperation.

Parent/Guardian Signature

Date

Notice to Sending School:

Pursuant to ARS 15-828 (3F) "Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request unless the record has been flagged pursuant to section 15-829."

**Fountain Hills Unified School District
Special Needs Survey**

Parents/Guardians:

Please indicate if your child was previously placed in any of the following programs:

- _____ Special Education (IEP – Individualized Education Plan)
- _____ Resource Classes
- _____ Speech or Language Therapy
- _____ Occupational Therapy
- _____ Other Related Service Therapy
- _____ Remedial Reading
- _____ 504 Plan
- _____ In-School Counseling
- _____ Title I
- _____ Behavior Intervention Plan
- _____ Other (specify) _____

If your child does have special needs, please be aware that we will do a temporary placement until official documentation is obtained from your child’s prior school. In this case, you must sign an Authorization to Release Confidential Records, which can be obtained from the registrar.

Student name/grade and parent/guardian signature/date are required for all students, even if these programs do not apply to your child.

I have read and understand the placement procedure of the Fountain Hills Unified School District.

Student’s Name: _____ Grade: _____

Parent/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
(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.

DESIGNATION OF DIRECTORY INFORMATION

During the school year, District staff members may compile non-confidential student directory information such as:

The student's name, date and place of birth, address, telephone number, grade, school of attendance, most recent school attended, diplomas, awards and honors received, major field of study, and record of participation in officially recognized activities (sports and school events), such as weight, height, and team number.

According to state and federal law, this directory information as identified above may be publicly released without permission of parents. However, if you do not wish any or all of the above information released about your son/daughter, you may so request by signing the form at the bottom of this page and returning it to the school Principal, within five (5) days. If this notification is not received, we will assume that your permission is given to use your son's/daughter's directory information as described above.

TO: Principal

I do not wish to have the following information concerning _____
designated as directory information: Student Name

Parent / Guardian Signature

Date

**FOUNTAIN HILLS UNIFIED SCHOOL DISTRICT
McDowell Mountain Elementary**

“Surging Toward Greater Heights In Education”

Principal

Dear Parents:

We are constantly seeking information about students in our school who have made an important contribution or achieved a noteworthy distinction, especially in the area of academic achievement, sports, etc.

We use this information to promote community recognition of our outstanding students. Examples would be: Essay and Art contest Winners, Terrific Kids, and Student Council. Students are recognized every week in our local newspaper, The Fountain Hills Times.

Please complete the information below. Should you have any information on your child’s accomplishments that you would like us to be aware of, please let us know so that we can recognize them as well. Thank you.

Sincerely,

McDowell Mountain Elementary School

MEDIA RELEASE

PLEASE READ AND CHECK “YES” OR “NO” IN THE COLUMNS BELOW TO INDICATE THE MEDIA PREFERENCE FOR YOUR CHILD.

	YES	<u>OR</u>	NO
Newspaper articles/pictures such as “Terrific Kids”, Student Council, Essay/Art Contests, Peer Leaders, School Programs	<input type="checkbox"/>		<input type="checkbox"/>
PTO Yearbook Pictures	<input type="checkbox"/>		<input type="checkbox"/>

CHILD’S NAME _____

Parent/Guardian Signature _____ **Date** _____

***IF YOU DECIDE TO CHANGE YOUR MEDIA PREFERENCE FOR YOUR CHILD, YOU MUST LET THE OFFICE KNOW. THIS WILL REMAIN A PART OF YOUR CHILD’S FILE AND WE WILL ABIDE BY THE CHOICES ABOVE UNLESS WE HEAR OTHERWISE.**

McDowell Mountain Elementary 14725 N. Fayette Dr. Phone: 480-664-5200 Fax: 480-644-5299

Revised: 1/14/15

**Fountain Hills Unified School District
Field Trip Permission Form / Consent for Emergency Care**

I hereby give permission for my child to be transported in school vehicles for the purpose of attending school-sponsored field trips and activities, or, in emergency medical vehicles in the of case of a serious medical situation arising.

I understand that I will be notified prior to each field trip of the event and designation. I also understand that my child will be expected to follow the same student regulations as though in school.

Consent for emergency care:

Be it known that in the event I cannot be reached, I, the undersigned parent or guardian of the student named below, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis in the event said student should be injured or stricken ill while participating in a field trip or the daily activities of school.

It is further understood that the parent/legal guardian of the student or their insurance carrier will pay for any expenses incurred. Payment of the expense is not a school responsibility.

Student's Name: _____

Student's Grade: _____ Date: _____

Parent/Guardian Signature: _____

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

Federally Recognized, Including Alaska Native State Recognized Terminated Organized Indian Group Meeting #5 of the Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): Child Child's Parent Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ OR

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.

USE OF TECHNOLOGY RESOURCES IN INSTRUCTION

ELECTRONIC INFORMATION SERVICES (EIS) USER AGREEMENT

*Details of the user agreement shall be discussed with each potential user of the electronic information services. When the signed agreement is returned to the school, the user may be permitted use of educational information services (EIS) resources. **Note: this agreement applies to both students and employees.***

The Fountain Hills Unified School District (hereinafter referred to as "District") educational information services (EIS) system may only be used for educational purposes. The term "educational purposes" includes classroom activities, career or professional development, high-quality personal research and other work related purposes.

I understand and agree as follows:

- I am expected to follow the rules set forth in the District's District's Policy Manual and Administrative Regulations, District's code of conduct, abide by all copyright and trademark laws and regulations, and the law. In addition to the agreement, use of the EIS system is governed by Governing Board Policy IJNDB and administrative regulation IJNDB-R, copies of which are available at each school office.
- The EIS system has not been established as a public access service or a public forum. The EIS system is not for commercial purposes. Therefore, the District has the right to place reasonable restrictions on the material accessed or posted through the system. I realize that all E-mail can be recorded and stored along with the source and destination of the E-mail, and that messages are not necessarily deleted when I delete them. I understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- I will not use the system for entertainment purposes (unless specific permission is given for this purpose), commercial purposes, or political lobbying.
- I agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.

Illegal activities.

- I will not attempt to gain unauthorized access to the EIS system or any other computer system through the EIS system or go beyond my authorized access. I will not attempt to log in through another person's account or access another person's files without their express permission.

- I will not attempt to disrupt the EIS system or destroy data by spreading viruses or by any other means.
- I will not use the EIS system to engage in any other illegal or inappropriate acts (drug or alcohol purchase, distribution or sale, criminal gang activity, threatening conduct, etc.).

Plagiarism and copyright infringement.

- I will not plagiarize works I find on the Internet. Plagiarism is taking the ideas or writing of others and presenting them as if they were mine.
- I will respect the rights of copyright owners. Copyright infringement would occur if I inappropriately reproduce a work that is protected by a copyright. If a work contains language that specifies appropriate uses of that work, I will follow those requirements. If I am unsure of whether I may use a work, I will request permission from the copyright owner. If I have questions, I will ask the EIS system administrator, an administrator, or teacher.

System security.

- I will not use the network in any way that would disrupt the use of the network by others.
- I will not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.
- I am responsible for my account. I will not provide my password to another person or use another person's password or account.
- I will not permit another person to use my account or use another person's account.
- I will immediately notify my teacher or the EIS system administrator if I have identified a possible security problem.
- I will not download any software unless I have obtained prior written permission to do so from an EIS system administrator.
- I will follow the District virus protection procedures when downloading software I have been given prior written permission to download, to protect against the inadvertent spread of computer viruses.
- I will not attempt to harm or destroy data of another user or any other agencies or networks connected to the EIS system. This includes, but is not limited to, uploading or creating computer viruses.

- I will not attempt to repair District-owned technology resources. All requests for repair or service will be channeled through the District user support system.
- I will have all portable information systems and educational technology resources assigned to me (such as notebook computers and peripheral or companion devices) at allocated sites during school hours unless prior approval has been received.

Language.

- I will not use obscene, lewd, vulgar, rude, inflammatory, threatening, or disrespectful language.
- I will not post information that could cause damage or danger of disruption to the educational environment or operations of the District.
- I will not engage in personal attacks, including prejudicial or discriminatory attacks on individuals or groups. I will not harass others. Harassment is persistently acting in a manner that distresses or annoys another person. If I am told by someone to stop sending him or her messages, I will immediately stop.
- I will not post false or defamatory information about a person or organization.
- I will not post chain letters, jokes, or engage in "spamming" (sending unnecessary messages to a large number of people).

Inappropriate transmission of and access to material.

- I will not reveal home addresses personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- I will not transmit or access material that is profane or obscene (i.e., pornography), that advocates illegal acts, or that advocates violence or discrimination towards others (i.e., hate literature). A special exception may be made for teachers or high school students by the Director of Technology Information for those who wish to access hate literature if the purpose of the access is to conduct research. In this situation a student must obtain both teacher and parental consent.
- I will transmit communications using only District-approved and District-managed communication systems. I will not use free, web-based mail, messaging, video conferencing, or chat services, except in special cases where arrangements have been made in advance and approved by the District's authorized supervisory personnel.
- The development and posting of all web pages must be pre-approved in a manner specified by the school. Material placed on web pages must relate to school and career preparation activities.

Personal responsibility. I will report any misuse of the EIS to the administration or system administrator, as is appropriate. I understand that many services and products are available for a fee and *acknowledge my personal responsibility for any expenses incurred without District authorization.*

Network Etiquette. I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages. I will remember that humor and satire is very often misinterpreted.
- *Respect privacy.* I will not reveal any home addresses or personal phone numbers or personally identifiable information.
- *Avoid disruptions.* I will not use the network in any way that would disrupt use of the systems by others.
- *Observe the following considerations:*
 - Be brief.
 - Strive to use correct spelling and make messages easy to understand.
 - Use short and descriptive titles in my communications, so people will know what the message is about before they read it.
 - Post only to known groups or persons in a single message.

In addition, acceptable use for students is extended to include requirements of:

- Not posting personal contact information about myself or others (i.e., names, addresses, telephone numbers, school address, etc.), unless I have prior permission from my teacher and parent to do so.
- Immediately tell a teacher (for a student) or my supervisor (for an employee) if I mistakenly access inappropriate information, so they know I did not intentionally access the information.
- No meet anyone online without my parent's approval and involvement.
- Promptly tell my teacher or school principal if I receive any message that is inappropriate or makes me feel uncomfortable.

In addition, acceptable use for District employees is extended to include requirements to:

- Maintain supervision of students using the EIS.
- Agree to directly log on and supervise the account activity when allowing others to use District accounts.
- Take responsibility for assigned personal and District accounts, including password protection.
- Take all responsible precautions, including password maintenance and file and directory protection measures, to prevent the use of personal and District accounts and files by unauthorized persons.

My Rights

I understand that the District may restrict my speech for valid educational or business reasons. The District will not restrict speech on the basis of a disagreement with my opinions. I understand and agree that:

- I have no right to privacy with respect to the EIS system, including software, E-mail or Internet access. My parents can request to see the contents of my E-mail files at any time (applies to students under eighteen (18) years).
- Routine maintenance and monitoring of the EIS system may lead to discovery that I have violated District policies, administrative regulations, this agreement, or the law.
- An individual search will be conducted if there is a reasonable suspicion I have violated this agreement, District policy, administrative regulation, or the law. The investigation will be reasonable and related to the suspected violation.
- The District will cooperate fully with local, state, or federal officials in any investigation related to any illegal activities conducted on the EIS system.
- If I have violated this agreement, District Policy IJNDB, administrative regulation IJNDB-R, or the law in my use of the EIS system, I will be provided with notice of suspected violation and an opportunity to present an explanation of what occurred.
- The District reserves the right to restrict or revoke my use of the EIS system at any time, if deemed within the District's best interest.
- I understand that inappropriate use may result in cancellation of permission to use the EIS and appropriate disciplinary action up to and including, termination for employees or expulsion for students.

Disclaimer of Liability

The District makes no warranties of any kind, expressed or implied, for the services provided. The District shall not be liable for damages I suffer caused by my use of the EIS system, copyright violations, mistakes or negligence. The District shall not be responsible for any costs I incur without the District's prior written permission. The District shall not be responsible for ensuring the accuracy or usability of any information found on the Internet. The District shall not be responsible for any damages I suffer while using its

EIS system, such as loss of data, malfunctions, delays, non-deliveries, or service interruptions caused by the service or by my errors or omissions. Use of any information obtained via the information service is at my own risk. Parents, adult students, and employees can be held financially responsible for any harm to the system as a result of intentional misuse.

Services.

The School District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the EIS is used and bears the risk of reliance on the information obtained.

I have read and agree to abide by the School District policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

USER SECTION: Please Print *User's Status:* Student *Staff*

User's Name _____ *Grade* _____ *Bldg/Room* _____

School/Location _____

I have read the Electronic Information Services User Agreement for Fountain Hills Unified School District and agree to abide by it. I understand that any violation could result in school disciplinary action including suspension and/or revocation of network privileges and/or referral to appropriate law enforcement agencies.

User's Signature _____ **Date** _____

SPONSORING PARENT OR GUARDIAN SECTION (Required if applicant is under 18 yrs of age):

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that the District has taken reasonable precautions to ensure that access to controversial material is limited to the extent possible. I understand that it is impossible for the School District to restrict access to all controversial materials, and I

will not hold the District responsible for materials acquired by use of the electronic information services (EIS). I will monitor my child's use of the network and his/her access to the Internet, and will accept full responsibility for supervision in that regard if and when my child's use is not in a school setting. I also agree to report any misuse of the EIS to a School District administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.)

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby release the School District from liability in the event that my child acquires inappropriate material through use of the District's computing resources or the Internet. I hereby give my permission to have my child use the electronic information services. I hereby request that the District issue an account for my child and certify that the information contained on this form is correct.

With that understanding, I hereby give permission for my child to utilize the school Internet services listed below. Please initial those for which your permission is granted.

_____ **Basic Internet Access**

_____ **Publication on the Internet of my child's creative efforts, including stories and artwork**

_____ **Use of my child's name in school Internet publications**

_____ **Use of my child's picture in school Internet publications**

Parent/Guardian Signature _____

Date _____

Parent/Guardian Name (Printed) _____

Home Address _____ **Home Phone** _____

This agreement is valid for the duration of attendance/employment.

Fountain Hills Unified School District # 98

Health Office Information

Dear Parent or Guardian:

Welcome to Fountain Hills Unified School District #98. The Health Office is here to help you and your child. The students receive health screenings according to the state of Arizona requirements. You will be notified if results indicate a need for referral. Our emphasis in student contacts is on health maintenance and injury/illness prevention.

If a student needs to receive medication during school hours, (cough drops and throat lozenges are considered medications), **THE PARENT OR GUARDIAN IS REQUIRED TO BRING THE MEDICATION TO THE HEALTH OFFICE.** The parent or guardian must sign a consent form from the Health Office to allow the health aide, nurse or designated personnel to give the medication. **WE HAVE NO STOCK MEDICATIONS (SUCH AS TYLENOL THROAT LOZENGES or OINTMENTS) ON ANY SCHOOL CAMPUS.** All pharmacy-dispensed and over-the-counter medications must be in the original container with the proper labeling (student's name, directions for administering, physician's name, date, dosage, time to be given, and name of drug). No expired medications will be administered to students. Any medication which needs to be given for longer than one month must have written permission from a physician. We cannot give herbal or "sample medications". All children must be given age-appropriate dosage, if the label states "children under 12, consult a physician", we must have a physician's note. **NO OVER-THE-COUNTER OR PHARMACY-DISPENSED MEDICATIONS WILL BE DISPENSED WITHOUT A PARENT OR GUARDIAN'S PERMISSION FORM SIGNED. NO MEDICATIONS WILL BE SENT HOME WITH A CHILD. THE PARENT OR GUARDIAN MUST BRING ALL MEDICATIONS, INCLUDING COUGH DROPS, TO SCHOOL.**

It is the parent/guardian's responsibility to pick up all prescription and/or over-the counter medications before the end of the school year. All medications that are not picked up will be appropriately discarded.

In accordance with Arizona State Law (A.R.S. 323-1901), the Health Office cannot transfer medications to an envelope or another container, the **HEALTH OFFICE MUST HAVE A SEPARATE PRESCRIPTION LABELED BOTTLE FOR EACH PRESCRIPTION MEDICATION TAKEN ON A FIELD TRIP.** If the Health Office does not have a separate prescription labeled bottle the medication cannot be taken on the field trip.

By Arizona State Law, a student is able to carry and self-administer prescription medication only for breathing disorders/anaphylaxis by the student who has been prescribed the medication by a licensed healthcare professional. Auto-injectable epinephrine and inhalers must be clearly labeled with the students name, doctor, specific instructions of administration; frequency medication is taken and is age appropriate. Annually, the Health Office must have written permission from the parent/guardian to entitle the student to carry and self-administer the medication. Students with anaphylaxis must notify the Health Office of self-medication administration as soon as practicable. It is strongly encourage extra medication can be held in the Health Office for emergency use.

If your child is ill and unable to attend school, please notify the school office before 10:00 A.M. at **(480) 664-5200**. It is important we know the nature of the illness.

If your child has a physical reason for not participating in PE, PLEASE write us a note explaining the illness/condition and request a PE excuse. Your child should bring the note to the Health Office at the beginning of the school day. If your child should not participate in PE for longer than five days a written verification from your doctor will be required. If your child is under a doctor's care, a medical release from the doctor is required to return to PE.

Arizona State Law requires all students be current on their immunizations unless an exemption form has been signed and is on file in the Health Office. **IF A CHILD IS NOT CURRENT ON HIS/HER IMMUNIZATIONS, HE/SHE CANNOT ATTEND SCHOOL UNTIL THE PROPER DOCUMENTATION IS RECEIVED IN THE HEALTH OFFICE. PLEASE REFER TO THE IMMUNIZATION SECTION OF THIS PACKET.**

Please contact the Health Office regarding any health issues that may develop for your child throughout the school year. It is extremely important to let the Health Office know of any physical/health changes that arise during the school year. Please inform the Health Office if you have a change in any phone numbers, addresses, or emergency contacts.

F.H.U.S.D. PROMOTES A LATEX FREE ENVIRONMENT. No latex products are allowed on school campuses. Specifically, no balloons will be allowed. Mylar balloons are acceptable.

McDowell Mountain & Four Peaks Elementary School promotes a PEANUT FREE ENVIRONMENT. Please check with your child's teacher for student allergies before bringing any treats to school

Due to an increasing number of students with severe anaphylaxis and breathing difficulties, please instruct your child to refrain from sharing lunches and snacks with other students. If you have further questions please contact the Health Office.

Due to the climate, it is strongly encouraged that students bring WATER BOTTLES to school year around.

If we can be of assistance to you or your child, please let us know.

If you can **VOLUNTEER TO ASSIST WITH HEALTH SCREENINGS, PLEASE CONTACT US. WE WOULD APPRECIATE YOUR HELP VERY MUCH.**

Paula K. Goblet RN BSBA
District Nurse

United States Federal Code / Fountain Hills Unified School District Notification of the Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and a Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

- (1) The right to inspect and review the student's education records within 45 days of the day the School receives a request for access.

Parents of eligible students should submit to the School principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

- (2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate.

Parents or eligible students may ask the School to amend a record that they believe is inaccurate. They should write the School principal (or appropriate school official), clearly identify the part of the record they want changed, and specify why it is inaccurate. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

- (3) The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure to without consent.

One exception, which permits disclosure without consent, is closure to school official with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

[Optional] Upon request, the School discloses educational records without consent to officials of another school district in which a student seeks or intends to enroll. [NOTE: FERPA requires a school district to make a reasonable attempt to notify the parent or student of the records request unless it states in its annual notification that it intends to forward records on request.]

- (4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the *School District* to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

[NOTE: In addition, a school may want to include its directory information public notice, as required by 99.37 of the regulations, with its annual notification of rights under FERPA.]

**FOUNTIAN HILLS UNIFIED SCHOOL DISTRICT
MCDOWELL MOUNTAIN PRESCHOOL
FEE AGREEMENT**

Student First/Last Name: _____

Parent/Guardian: _____

Home Address: _____

Email Address: _____

Home Number: _____ **Cell Number:** _____

Children must be three years old to be eligible for McDowell Mountain Preschool.

Your child's place in the program is not reserved until all of your registration paperwork is completed and your payment is received.

5 ½ days a week	5 full days a week	4 ½ days a week
\$330.00 per month	\$550.00 per month	\$250.00 per month
Community Preschool	Community Preschool	Developmental Preschool
Hours: 8:45 – 11:15	Hours: 8:45 – 3:20	Hours: 8:45 to 11:15 or 12:45 to 3:15

You will receive a monthly invoice, August through May, for the cost of the program. The monthly tuition will be due at McDowell Mountain by the first of every month.

Payment will be considered late on the 8th of each month and a \$25.00 late fee will be added to your bill. If the amount due is not received by 4:00 PM on the 15th of each month, your child will be dropped from the program. If a due date falls on a day that our offices are closed (weekends or holidays), the payment is due by the next business day.

Bring payment by cash, check or money order to McDowell Mountain Elementary School, 14825 Fayette, Fountain Hills, AZ 85268, Monday through Friday 7:30am – 4:00pm. You could also send your payment in your child's folder which we will provide.

Financial Agreement:

Fees are based on the cost of staffing and supplying care for your child for the school. Fees are determined by the number of days school is in session and then divided into 10 equal payment periods. Registering your child is a contract for McDowell Mountain Preschool and you will be liable for the contracted cost whether your child attends one (1) day or eighteen (18) days in any given time period. Drop-in care is not allowed. Registration must be made at least 2 school days before the child attends. McDowell Mountain Preschool will need advance written notice of withdrawal from the program. **There will be no credits or refunds for partial month use due to**

withdrawals or absences. All withdrawals will be effective the first day of the next payment date. If notice is not received, you will be responsible for one additional month's fee. If registering in the middle of the month a pro-rated adjustment will be made.

Financial Assistance:

Our scholarship program with First Things First offers assistance to families who financially qualify. For information on qualifications and procedures, please call McDowell Mountain Preschool at 480-664-5211 or 5212 and ask for Lisa Cartagine.

Payments, Credits, and Refunds:

Registering your child is a contract with McDowell Mountain Preschool and you will be liable for the contracted cost whether your child attends one (1) day or eighteen (18) days. There is no credit, refund or makeup time offered for absences or withdrawals and there will be no exceptions to this rule. Payments of \$330.00 or \$550.00 will be due to McDowell Mountain Preschool by the first of every month. A \$25.00 late fee will be charged if payment is received on or after the 2nd. A child may be dropped from the program if payment is not received at McDowell Mountain Preschool by the 15th. A child may be readmitted to the program provided space is available at the site and all outstanding balances plus a re-enrollment fee of \$25.00 is paid.

Returned Checks:

There will be a fee on all checks returned by your bank. This fee is based upon what the return check fee is.

Registration Deposit Fee:

The \$100.00 registration deposit will apply toward your first month's tuition and is **not refundable**.

I have read the Fee Agreement, front and back, and agree to the terms stated therein.

Parent/Guardian Signature

Date

Print Name

Child's Name

FOUNTAIN HILLS UNIFIED SCHOOL DISTRICT
PRESCHOOL/KINDERGARTEN QUESTIONNAIRE
MCDOWELL MOUNTAIN ELEMENTARY

Select appropriate Grade PRESCHOOL or KINDERGARTEN
Date _____

FAMILY BACKGROUND

Child's name _____ Check one: male female

Name to be used at school (nickname) _____

Birthdate _____, _____, _____ Home Phone _____
(month) (date) (year)

Address _____ City _____ Zip _____

Email Address _____

Do you have any relatives also entering preschool/kindergarten (ex. cousin)? _____

Name _____

Mother's Name _____ Occupation _____

Mother's Education _____ Business Phone _____

Cell Phone _____

Father's Name _____ Occupation _____

Father's Education _____ Business Phone _____

Cell Phone _____

Current Marital Status of Child's Parents _____

Other Children in Family	Age	Grade Level in School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has there been a divorce, death, or illness in the family that might affect your child?

If yes, please explain: _____

SCHOOL EXPERIENCES

- 1.) Has your child previously attended preschool or kindergarten? Yes or No
If so, which one? _____
- 2.) Does your child play actively or quietly? _____
- 3.) Would you say your child is a leader or follower? _____
- 4.) Does your child enjoy books? Yes or No Do you read to your child? Yes or No
How often? _____
- 5.) Is your child able to remember songs or rhymes? _____
- 6.) Does your child select the clothing he/she wears? Yes or No
Dress him/herself? Yes or No Tie his/her own shoes? Yes or No
Button clothing? Yes or No Zip? Yes or No
- 7.) Does your family celebrate birthdays/holidays in your home? Yes or No
If not, please explain: _____

DEVELOPMENT

- 1.) Pregnancy: Normal Yes or No Complications Yes or No Please describe: _____

- 2.) Does your child have any health problems that the school should be aware of? Yes or No
If yes, please explain: _____

- 3.) Does your child have any food allergies? Yes or No If yes, please explain: _____

- 4.) Can your child take care of his/her toilet needs? Yes or No If no, please explain: _____

- 5.) Is your child right or left handed? _____
- 6.) Is your child able to print his/her first name? _____
- 7.) Does your child know his/her phone number? Yes or No Address? Yes or No

8.) Can others easily understand your child when he/she speaks to them? _____

9.) What would you say are your child's strengths? _____

10.) What would you say are your child's weaknesses? _____

11.) What kinds of problems do you have most often with your child? _____

12.) How do you discipline your child? _____

SCHOOL READINESS

1.) Is your child able to sit and listen to a story for 10 minutes? _____

2.) Does your child listen without interrupting while someone else talks? _____

3.) Is your child able to share and take turns? _____

4.) Is your child able to draw and color a picture, beyond a scribble? _____

5.) Is your child able to be away from his/her parents for a few hours without being upset? _____

6.) Is your child able to complete a simple puzzle? _____

7.) Is your child able to follow two or three step directions? _____

8.) Is your child able to count 5 objects? _____

9.) Can your child name four or more colors when you point to them? _____

Describe your child: _____

What goals do you have for your child this year? _____

What else would you like your child's teacher to know about your child? _____

How do you see yourself helping your child have a successful kindergarten experience? _____

Thank you for taking the time to reflect on your child. We appreciate the thought you have put into completing this form. We are excited to have your child be a part of the educational experience in our McDowell Mountain Preschool/Kindergarten Program.

Please remember that McDowell Mountain Elementary is your child's school. You may visit or call anytime. You are encouraged to contact your child's teacher regarding anything you feel might affect your child's education.

FOUNTAIN HILLS UNIFIED SCHOOL DISTRICT

**UNDERSTANDING OF POSSIBLE NEED TO MOVE STUDENT TO
NEW SECTION WITHIN GRADE LEVEL**

Fountain Hills Unified School District is rapidly growing at the present time. The signature below acknowledges the fact that new enrollees will be the first ones to be moved in the event that a new section of the grade is opened.

This procedure is necessitated by the fact that new sections of grade levels may be opening during the school year. The reason for this is the fact that many new students are enrolling after the school year begins. Those students who are the last in will be the first to be moved.

I understand that my child(ren)

_____ Grade _____
_____ Grade _____
_____ Grade _____

will be on the list of students who will be considered in the event that a new section of the grade level needs to be opened during the year. The students who are the last in will be the ones who are up for movement to another section, if so necessitated during the year

Date: _____ Signed: _____
(Parent or Guardian)

Signed: _____
(Principal)

MCDOWELL MOUNTAIN ELEMENTARY
PARENT INPUT FOR STUDENT PLACEMENT
Complete this form only if your Student is entering 1st, 2nd or 3rd grade

To assist us in providing the best possible placement for your child, please complete this form. In determining class lists to provide for a heterogeneous group in each class, the following criteria are used for placement: academic performance, student behavior, work habits, placement in special programs (gifted, special education), special considerations, and parent input. **Please do not make requests for specific teachers**, but do give us necessary information that will enable us to make the best placement for your child. This information will be kept confidential.

STUDENT NAME: _____ GRADE: _____

- | 1. | Learns concepts easily | Understands after
taught & practiced | Needs much help |
|-----------------|--------------------------|---|--------------------------|
| a. Math | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Study Habits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Check the adjectives that best describe your child (check the descriptions that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Likes competition | <input type="checkbox"/> hands on learner | <input type="checkbox"/> independent worker |
| <input type="checkbox"/> Peer-oriented | <input type="checkbox"/> quiet and shy | <input type="checkbox"/> outgoing |
| <input type="checkbox"/> Likes solitude | <input type="checkbox"/> needs to be prodded | <input type="checkbox"/> needs careful monitoring |
| <input type="checkbox"/> Self-directed | <input type="checkbox"/> makes friends easily | <input type="checkbox"/> easily distracted |

3. My child's strengths and special interests are: _____

4. My child needs help with: _____

5. My child qualifies for special education services in the following areas (please check):

- Gifted Special Education: Inclusion or Resource Speech/Language ELL

6. Special considerations and other information (ADD/ADHD, desirable/undesirable pairing): _____

7. If you have any educational concerns, please list them here: _____

Information for Parents



If your family lives in any of the following situations:

- In a shelter, motel, vehicle, or campground
- On the street
- In an abandoned building, trailer, or other inadequate accommodations, or
- Doubled up with friends or relatives because you cannot find or afford housing

Then, your preschool-aged and school-aged children have certain rights or protections under the McKinney-Vento Homeless Education Assistance Act.

Your children have the right to:

- Go to school, no matter where you live or how long you have lived there. They must be given access to the same public education, including preschool education, provided to other children.
- Continue in the school they attended before you became homeless or the school they last attended, if that is your choice and is feasible. If a school sends your child to a school other than the one you request, the school must provide you with a written explanation and offer you the right to appeal the decision.
- Receive transportation to the school they attended before your family became homeless or the school they last attended, if you or a guardian request such transportation.
- Attend a school and participate in school programs with children who are not homeless. Children cannot be separated from the regular school program because they are homeless.
- Enroll in school without giving a permanent address. Schools cannot require proof of residency that might prevent or delay school enrollment.
- Enroll and attend classes while the school arranges for the transfer of school and immunization records or any other documents required for enrollment.
- Enroll and attend classes in the school of your choice even while the school and you seek to resolve a dispute over enrolling your children.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Receive transportation to school and to school programs.

When you move, you should do the following:

- Contact the school district's local liaison for homeless education (see phone number below) for help in enrolling your child in a new school or arranging for your child to continue in his or her former school. (Or, someone at a shelter, social services office, or the school can direct you to the person you need to contact.)
- Contact the school and provide any information you think will assist the teachers in helping your child adjust to new circumstances.
- Ask the local liaison for homeless education, the shelter provider, or a social worker for assistance with clothing and supplies, if needed.

Local Area Contacts:

Fountain Hills USD
Caroline Lynch
480-664-5017

State Coordinator:

Frank Migali
Phone: 602-542-4963 Fax: 602-542-5175
frank.migali@azed.gov

If you need further assistance, call the
National Center for Homeless Education
at the toll-free Helpline number:

1-800-308-2145

