

FOWLER SCHOOL DISTRICT #45 REGISTRATION FORM

FOR OFFICE USE ONLY

RETURNING STUDENT: Yes <input type="checkbox"/> No <input type="checkbox"/>	ENROLLMENT CODE _____
TEACHER _____	PRIMARY LANG _____
GRADE _____	DISTRICT ID# _____
ENROLL DATE _____	SAIS ID# _____
BUS _____	

STUDENTS LEGAL LAST NAME	FIRST NAME	MIDDLE NAME	BOY <input type="checkbox"/>
			GIRL <input type="checkbox"/>

ETHNICITY Is this student Hispanic/Latino? Yes No

RACE What is the student's race? *(Please check at least one. Mark all that apply)*

<input type="checkbox"/> WHITE	<input type="checkbox"/> BLACK or AFRICAN AMERICAN	<input type="checkbox"/> ASIAN
<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE	<input type="checkbox"/> NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	

STREET ADDRESS	CITY/ZIP CODE	HOME/MOBILE PHONE NUMBER
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BIRTHDATE & BIRTH PLACE	BIRTH CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE ATTENDED THIS DISTRICT BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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FATHER'S NAME	OCCUPATION/EMPLOYER	WORK PHONE NUMBER
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MOTHER'S NAME	OCCUPATION/EMPLOYER	WORK PHONE NUMBER
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SCHOOL LAST ATTENDED	ADDRESS	CITY/STATE/ZIP
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FATHER'S EMAIL: _____ MOTHER'S EMAIL: _____

PRIOR TO THIS YEAR, NUMBER OF SCHOOL YEARS IN ATTENDANCE IN THE UNITED STATES _____

SPECIAL EDUCATION PROGRAMS			SPECIAL PROGRAMS		
Yes	No	Date	Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Resource _____	<input type="checkbox"/>	<input type="checkbox"/>	Title 1 _____
<input type="checkbox"/>	<input type="checkbox"/>	Self-Contained _____	<input type="checkbox"/>	<input type="checkbox"/>	Gifted _____
<input type="checkbox"/>	<input type="checkbox"/>	Speech _____	<input type="checkbox"/>	<input type="checkbox"/>	ESL (Bilingual) _____
<input type="checkbox"/>	<input type="checkbox"/>	O.T./P.T. _____	<input type="checkbox"/>	<input type="checkbox"/>	Migrant _____
<input type="checkbox"/>	<input type="checkbox"/>	Special Transportation _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____			

<p>MEDICAL ALERT</p> <p>Is child currently on medication? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>What type of medication? _____</p> <p>Specify special medical conditions: _____ _____ _____</p>	<p>SOCIAL DATA</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Father Living?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mother Living?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Parents Separated?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Parents Divorced?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Father Remarried?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mother Remarried?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Custody other than parent?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Parent in Military?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Yes	No	Father Living?	<input type="checkbox"/>	<input type="checkbox"/>	Mother Living?	<input type="checkbox"/>	<input type="checkbox"/>	Parents Separated?	<input type="checkbox"/>	<input type="checkbox"/>	Parents Divorced?	<input type="checkbox"/>	<input type="checkbox"/>	Father Remarried?	<input type="checkbox"/>	<input type="checkbox"/>	Mother Remarried?	<input type="checkbox"/>	<input type="checkbox"/>	Custody other than parent?	<input type="checkbox"/>	<input type="checkbox"/>	Parent in Military?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No																										
Father Living?	<input type="checkbox"/>	<input type="checkbox"/>																										
Mother Living?	<input type="checkbox"/>	<input type="checkbox"/>																										
Parents Separated?	<input type="checkbox"/>	<input type="checkbox"/>																										
Parents Divorced?	<input type="checkbox"/>	<input type="checkbox"/>																										
Father Remarried?	<input type="checkbox"/>	<input type="checkbox"/>																										
Mother Remarried?	<input type="checkbox"/>	<input type="checkbox"/>																										
Custody other than parent?	<input type="checkbox"/>	<input type="checkbox"/>																										
Parent in Military?	<input type="checkbox"/>	<input type="checkbox"/>																										

Responses to these statements will be used to determine whether your child will be assessed for English Language Proficiency.

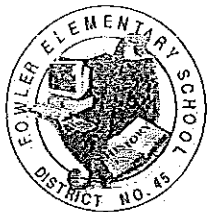
1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

DID THE FAMILY MOVE FOR THE PURPOSE OF SEEKING OR OBTAINING TEMPORARY OR SEASONAL EMPLOYMENT IN AGRICULTURE, DAIRY WORK OR A RELATED FOOD PROCESSING ACTIVITY? YES NO

WHAT LANGUAGE WOULD YOU PREFER WHEN RECEIVING WRITTEN COMMUNICATION FROM THE SCHOOLS?

THE ABOVE INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

PARENT/GUARDIAN SIGNATURE _____	DATE _____
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FOWLER ELEMENTARY SCHOOL DISTRICT NO. 45

1617 S. 67th Avenue, Phoenix, AZ 85043

Phone: (623) 707-4500

Fax: (623) 707-4560

www.fesd.org

Peggy Eastburn
Governing Board
President

Special Education Registration Placement Form

Ignacio Fernandez Student's Name _____ Date of Birth _____ Attending School _____
Governing Board
Clerk

Francisca Montoya
Governing Board
Member

To provide continuity in your child's educational program, it is important that we be made aware of any special help he/she may have received or programs they have participated in at his/her previous school.

Please provide the following information to help us provide appropriate placement.

Marvene Lobato
Superintendent

My child has not received any special education services.

Cindy Bradley
Academic Services

My child has had special testing:

Reason why _____

Karen Watkins
Curriculum

My child has received special education services as checked below:

Jim Chesnik
Facilities

Special Education Programs:

Cheryl Miller
Finance

Resource (academic areas such as consult, inclusion, reading, math, and writing)

Self-Contained

Vince Medina
Head Start

Speech Therapy

Nora Ulloa
Human Resources

Occupational or Physical Therapy

Lane Blake
Research &
Data Analysis

Vision Services

Hearing Services

Rose Ann Wastjer
Special Education

Other _____

Mike Fried
Technology

My child is an English Language Learner (ELL).

My Child has a 504 plan.

Ralph King
Transportation

Parent/Guardian Signature _____ Date _____



FOWLER ELEMENTARY SCHOOL DISTRICT NO. 45

1617 S. 67th Avenue, Phoenix, AZ 85043

Phone: (623) 707-4500

Fax: (623) 707-4560

www.fesd.org

Request for Release of Student Records

Fowler Elementary School

6707 W. Van Buren St.

Phoenix, AZ 85043

Phone: 623-707-2500 Fax: 623-707-4680

Francisca Montoya
Governing Board
President

Peggy Eastburn
Governing Board
Clerk

Ignacio Fernandez
Governing Board
Member

Marvene Lobato
Superintendent

Cindy Bradley
Academic Services

Karen Watkins
Curriculum

Jim Chesnik
Facilities

Cheryl Miller
Finance

Vince Medina
Head Start

Nora Ulloa
Human Resources

Lane Blake
Research &
Data Analysis

Rose Ann Wastjer
Special Education

Mike Fried
Technology

Ralph King
Transportation

STUDENT: _____ DOB: _____
GRADE: _____

The parent/guardian who has signed below has been informed of this transfer request and grants permission for any and all educational information to be sent to the school listed above.

Please include the following information:

- Official Withdrawal Form
- Report Cards
- Birth Certificate
- Immunization/Health Records
- Attendance Records
- Disciplinary/Incident Reports
- All Test Scores (AIMS, AZELLA etc.)
- Parental Custody
- Other _____

Please complete the information below:

Name and address of last school attended:

School Name _____

School Address _____

City _____

State _____

Zip Code _____

School Telephone Number _____

School Fax Number _____

Signature of Parent/Guardian _____

Date _____

For office use: _____

1st Request _____ 2nd Request _____ 3rd Request _____

New Federal Law 99.31- No parent or signature required for educational records to be sent to another educational agency.

Fowler Elementary School District # 45

Where Will My Child Go After School Daily?

Child's Name:

My Child Will Attend One Of The Following:

Ride the Bus to:

(Circle the letter that applies)

A) Sitter: Name:

Address:

Phone:

B) Home: Address:

Phone:

C) Get Picked Up By:

Name:

Address:

Phone:

Relationship:

My child will begin going to the above location on this date:

Parent/ Guardian Signature:



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.

This form is intended to address the requirements of the McKinney-Vento Act 42 U.S.C. 11435, which is also known as Title X, Part C, of the No Child Let Behind Act. The answers to the questions below assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

School Campus: FOWLER ELEMENTARY	School Year: 2016/2017	
Student Name:	Date of Birth:	Grade:
Current Address (Include City, State and Zip):	Phone Number:	Cell Number:
Last School Attended (Include City, State and Zip):	Last Date Attended:	Grade Level:

Name of person with whom student resides:

I am the:

Parent Caregiver(s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, etc.)

Legal Guardian (s) Other

1. Is the student's home address a temporary living arrangement? Yes No
 How long has the student been at this address? _____ Months, _____ Years

2. Is this a temporary living arrangement due to loss of housing or economic hardship? Yes No

3. Where is this student currently living? (check the box that applies)

In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s).

Student is living with family or friends due to: (check the box that applies)

Convenience (long-term sharing expenses)

Necessity – Temporary, financial crisis/loss of housing that made living together the only option
 How long have you shared the residency at the same address with the same people? _____
 How many people total live in the home? _____ How many bedrooms? _____ How many bathrooms? _____
 Do you need to vacate this residence in the next 6 months? _____

In a motel/hotel
 Name/Address _____

In a shelter
 Name/Address _____

Unsheltered (i.e. car, parks, garage, campsite, any building without water or electricity)

Awaiting permanent foster care placement

I am by myself living temporarily in _____ (not in the legal custody of an adult)

Other _____

4. Please provide the following information for siblings (brothers and/or sisters) of the student:

Name	Age	School	Grade

The undersigned certifies that the information provided above is accurate.

 Parent/Guardian/Caregiver Signature

 Date

PLEASE PRINT

HOWLEH ELEMENTARY SCHOOL EMERGENCY CARD

TEACHER: _____

Please complete front and back of this form

Por favor de llenar ambos lados de esta forma

STUDENT INFORMATION/Información del estudiante:

Last Name/Apellido	First Name/Primer Nombre	M.I.	Age/Edad	Date of Birth/Fecha de Nacimiento	Gender <input type="checkbox"/> Male/Masculino <input type="checkbox"/> Female/Femenino	Grade/Grado
Address/Dirección	Apt #	City/Ciudad	State/Estado	Zip Code/CP	Home Phone/Telefono	

Please check one: Father Padre Mother Madre Stepfather Padrastro Stepmother Madrastra Guardian Tutor

Last Name/Apellido	First Name/Primer Nombre	Place of Employment / Lugar de Trabajo	Phone (Work)/Telefono Trabajo	Cell Phone/Telefono Celular
E-mail:				

Please check one: Father Padre Mother Madre Stepfather Padrastro Stepmother Madrastra Guardian Tutor

Last Name/Apellido	First Name/Primer Nombre	Place of Employment / Lugar de Trabajo	Phone (Work)/Telefono Trabajo	Cell Phone/Telefono Celular
E-mail:				

EMERGENCY CONTACTS: List THREE (3) persons below who will assume temporary care or responsibility for your child in case of an emergency and/or illness.
CONTACTOS DE EMERGENCIA: De TRES (3) nombres de personas que asumirán cuidado temporal o responsabilidad para el cuidado de su hijo/a en caso de emergencia y/o enfermedad.

Last Name/Apellido	First Name/Primer Nombre	Relationship to student / Relacion con el estudiante	Cell/Tel. Celular	Phone/Telefono
Last Name/Apellido	First Name/Primer Nombre	Relationship to student / Relacion con el estudiante	Cell/Tel. Celular	Phone/Telefono
Last Name/Apellido	First Name/Primer Nombre	Relationship to student / Relacion con el estudiante	Cell/Tel. Celular	Phone/Telefono

Are there any legal circumstances school personnel should be aware of? Yes/Si No/No If YES Please provide the school with custody or court records
 Hay alguna circunstancia legal de la cual el personal de la escuela debe de estar al tanto? De ser SI, favor de proveer a la escuela los documentos legales necesarios

List the first and last names of all brothers and/or sisters (please include step and/or half brothers and sisters) - NOT emergency or pick up contact
 Nombres y apellido de todos los hermanos (as) incluyendo hermanastros y/o medios hermanos(as) - Estos NO son contactos de emergencia o para recoger estudiantes

Name/Nombre:	Age/Edad:	Name/Nombre:	Age/Edad:
Name/Nombre:	Age/Edad:	Name/Nombre:	Age/Edad:

PLEASE PRINT

FOVLEER ELEMENTARY SCHOOL EMERGENCY CARE

TEACHER: _____

Please Complete Front and Back of this Form / Favor de llenar ambos lados de esta forma

Last Name/Apellido	First Name/Primer Nombre	M.I.	Age/Edad	D.O.B./Fecha de Nacimiento	Gender <input type="checkbox"/> Male/Masculino <input type="checkbox"/> Female/Femenino	Grade/Grado
Medication/Medicamento	Reason/Razon	Medication/Medicamento	Reason/Razon	Reason/Razon		
Surgery (ies)/Operacion(es):		Reason/Razon				
Physician (s) /Medico	Phone/ Telefono	Hospital Preference/Hospital de preferencia		Insurance Co./Co. de seguro		

Indicate any health conditions your child has had or may currently have: (please check all that apply)
Indique cualquier condicion medica de salud que su hijo haya tenido o que pueda tener (marque todas las que correspondan)

Allergies/Alergias	Asthma/Asma
Attention Deficit Disorder/Desorden de Deficit de Atencion	Cancer/Cancer
Cerebral Palsy/Paralisis Cerebral	Chicken Pox/Sarampion
Depression/Depression	Diabetes/Diabetes
Epilepsy/Epilepsia	Classes/ Contact Lesnes, Lentes / Lentes de Contacto
Hearing Aides/Auxiliar Auditivo	Heart Condition/Condiciones del Corazon
Hemophilia/Hemofilia	High Blood Pressure/Alta Presion
Hypoglycemia/Hipoglucemia	Measles/ Varicela
Multiple Sclerosis/ Esclerosis Multiple	Mumps/Paperas
Muscular Dystrophy/Distrofia Muscular	Seizure Disorder/Convulsions (Convulsiones)
Tuberculosis/Tuberculosis	Other/Otro:
Explanation/Explicacion:	

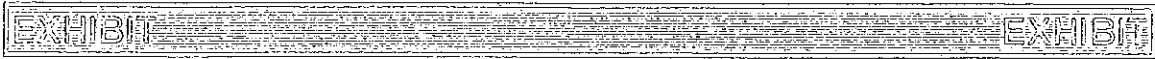
The school Nurse/Principal/Principal Designee has my permission to treat my child for any illness or minor injuries. This includes dispensing the following medications: Ambesol, Antacid, Bactine Eye Wash, Calamine Lotion, Campho-Phenique, Chloraseptic Spray, Generic Tylenol, Ointments (Trimycin, Neosporin, etc.), Hydrogen Peroxide, Robitussin, Throat Lozenges, etc. / La enfermera de la escuela/director/persona designada por el director tienen mi permiso de tratar a mi hijo/a por cualquier enfermedad o lesiones menores. Esto incluye la dispensacion de los medicamentos ya mencionados

List any known medication allergies: _____
Alergias a medicamentos? Cual? _____
Parent/Guardian Signature: _____
Firma del Padre/Tutor _____
Date: _____
Fecha _____

*Please list any health concerns school personnel should be aware of/ Por favor describa cualquier preocupacion de salud de su hijo(a) de la cual debe de estar al tanto el personal de la escuela.

If I cannot be contacted, I hereby give authorization to any hospital or medical profession to render immediate aid to my child as might be required for health and safety. It is understood that the expense of this service would be accepted by me. / Si no puedo ser localizado, por este medio, doy autorizacion a cualquier hospital o profesion medica a prestar ayuda inmediata a mi hijo/a como sea requerido por su salud y seguridad. Entiendo que los gastos de estos servicios seran aceptados por mi.

Parent/Guardian Signature: _____
Firma del Padre/Tutor _____
Date: _____
Fecha _____



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.

Signature of Parent/Legal Guardian

Date

Reproduction of ADE FORM 2306606 which may be used in lieu of this document.

**FOWLER SCHOOL DISTRICT #45
PARENT/STUDENT/TEACHER COMPACT**

Student Name _____

Please Print

_____ Last Name

_____ First Name

_____ Grade

PARENT/GUARDIAN AGREEMENT

I want my child to achieve. Therefore, I will encourage him/her by doing the following:

- Provide a safe and nurturing home environment with adequate nourishment and rest.
- See that my child is on time and attends school regularly.
- Help my child learn to solve conflicts in positive ways.
- Establish a time for homework and review it regularly.
- Maintain an interest in what my child is learning as well as his/her progress in school.
- Communicate and work with school staff to support, encourage, and challenge my child.

Parent/Guardian Signature _____

Date _____

STUDENT AGREEMENT

It is important that I do my best in school. Therefore, I will:

- Attend school regularly.
- Come to school prepared with all necessary materials.
- Complete and return homework assignments on time.
- Work hard to do my best in class and on my schoolwork.
- Respect and cooperate with other students and adults by following classroom and school rules.
- Help to keep my school safe.
- Respect the individual and cultural differences of others.

Student Signature _____

Date _____

TEACHER AGREEMENT

It is important that my students achieve. Therefore, I will:

- Maintain ongoing communication with Parents.
- Provide high quality curriculum and instruction in a supportive and effective learning environment.
- Provide assistance to parents so they may help with their child's learning.
- Provide information to parents and students about students' progress.
- Show that I care about all students.
- Have high expectations for myself and my students.
- Provide a safe and positive learning environment.
- Respect the individual and cultural differences of students and their families.

Teacher Signature _____

Date _____

PARENT/STUDENT SIGNATURES/AGREEMENTS

In an effort to go green and keep resources in the classrooms, Fowler School District will post the complete 2016-2017 Student Code of Conduct Handbook on our website (www.fesd.org). If you would prefer to receive a printed copy of the 2016-2017 Student Code of Conduct, please check the box below.

STUDENT CODE OF CONDUCT ACKNOWLEDGEMENT

We, the undersigned, have read and agree to uphold school and District policies and procedures as presented in the parent/student handbook. In addition, we understand we are responsible for all Fowler School District Governing Board District Policies. A copy of the policies is available at the District office or online at <http://www.azsba.org/>.

School Name _____ Student Name (Print) _____

Parent/Guardian Signature _____ Student Signature _____

Phone Number _____ Date _____

I request a printed (hard-copy) of the 2016-2017 Student Code of Conduct: English Spanish

=====

COMPUTER/INTERNET USE AGREEMENT

I have read and agree to abide by the Computer/Internet Use Agreement on page 24. I understand that access to computers and internet resources is provided for educational purposes only and that students are not to send or request offensive or illegal material.

Student Signature _____ Date _____

Parent Signature _____ Date _____

=====

PHOTOGRAPHY AGREEMENT

For the following two statements, circle the appropriate word or words in parentheses:

School Permission: My child (DOES/DOES NOT) have my permission to be photographed, videotaped, or interviewed for use at the local school (i.e., school announcements, school paper, yearbook, open house, etc.).

Parent Signature _____ Date _____

Media Permission:

My children (DOES/DOES NOT) have my permission to be photographed, videotaped, or interviewed for use by district sources or the outside media (i.e., district newsletter, Arizona Republic, etc.)

Parent Signature _____ Date _____

=====

DIRECTORY INFORMATION

I do not want any or all the information I have marked below concerning (student's name) _____ designated as directory information and released to any person or organization without my prior written consent: (Please check the box of any information you do not want released.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Dates of attendance | <input type="checkbox"/> Participation in officially recognized activities and sports |
| <input type="checkbox"/> Address | <input type="checkbox"/> Grade level | <input type="checkbox"/> Weight and height of members of athletic teams |
| <input type="checkbox"/> Telephone listing | <input type="checkbox"/> Honors and awards received | <input type="checkbox"/> Most recent educational agency or institution attended |
| <input type="checkbox"/> Electronic mail address | <input type="checkbox"/> Major field of study | |
| <input type="checkbox"/> Date and place of birth | <input type="checkbox"/> Enrollment status (e.g. part time or full time) | |
| <input type="checkbox"/> Photograph | | |

(Parent/Guardian signature)

(Date)