



Higley Unified School District #60

High School Enrollment Checklist

<input type="checkbox"/> Higley High School 4068 E. Pecos Road Gilbert, AZ 85295 480.279.7300 (Fax 480.279.7305)	<input type="checkbox"/> Williams Field High School 2076 S. Higley Road Gilbert, AZ 85295 480.279.8000 (Fax 480.279.7513)
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Welcome to the Higley Unified School District. Please use this cover sheet as a guide to complete the enrollment process for your student. To enroll your child please bring the following COMPLETED documentation to the school:

- | | |
|--|---|
| <input type="checkbox"/> Enrollment Form | <input type="checkbox"/> Authorization and Request for Release of Records |
| <input type="checkbox"/> Student Medical History | <input type="checkbox"/> Home Language Survey (PHLOTE) |

You will also need to provide the following documentation:

- | | |
|---|--|
| <input type="checkbox"/> Certified (State) Birth Certificate | <input type="checkbox"/> Proof of Residency – current gas or electric bill, rental, lease or purchase agreement and valid drivers license or photo ID |
| <input type="checkbox"/> Current Immunization Record | |
| <input type="checkbox"/> Withdrawal Slip from previous school | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Unofficial Transcript | <input type="checkbox"/> Special Education Records (if applicable) |
| <input type="checkbox"/> Attendance Records | |

Transportation is available to students within Higley Unified School District for their particular school boundaries only. Please contact our Transportation Office at 480.279.7075 to arrange to have your child added to the bus route in your area.

Higley Unified School District
Student Enrollment Form

2935 South Recker Road
Gilbert, Arizona 85295
(480) 279-7000
www.husd.org



**STUDENT
INFORMATION**

For Office Use Only

CEN CHP COR CTA GWP HEMS PWR SAN HHS WFHS

Student ID # _____ SAIS ID # _____

Teacher _____ Counselor _____

Grade _____ Entry Code _____ Entry Date _____

Date Entered in Genesis _____ Input By _____

Birth Certificate Immunizations Proof of Residency Parent ID PHLOTE

Custody/Guardian Papers Date Records Requested _____

Open Enrollment – In District Open Enrollment – Out of District

FOR HS ONLY: Date first entered 9th Grade (mm/dd/yyyy) _____ Grad Yr _____

Please PRINT your child's name as it appears on the legal documentation required for enrollment.

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____ Suffix _____

Grade _____ Gender Male Female Nick Name _____ Last Name Goes By _____ Birth Date (mm/dd/yyyy) _____

Birth State _____ Birth Country _____ Student's Email Address _____ Mother's Name on Birth Cert. _____

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 _____

The U.S. Department of Education requires all states to collect race and ethnicity information on students and staff.

Ethnicity (Must select one):

No, not Hispanic/Latino Yes, Hispanic/Latino

Race (Must select one or more)

American Indian or Alaskan Native Asian Black or African American
 Native American or other Pacific Islander White

Student's Home Address _____ Student's Mailing Address (if different) _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Student's Primary Home Phone _____ Student's Secondary Home Phone _____ Subdivision _____

Dwelling Type Single Family (House) Apartment Mobile Home Trailer

Last school attended (including HUSD schools) _____ Address of last school attended (including HUSD schools) _____ Enter & Withdraw Dates _____

My student is currently on long-term suspension or expulsion from another school district Yes No

REQUIRED DOCUMENTATION: A birth certificate or other reliable proof of the student's identity or age, immunization records and proof of residency are required for enrollment purposes. Failure to comply with ARS 15-821, ARS 15-828, and ARS 15-872 may result in the pupil's suspension from school, and/or the referral to the local law enforcement agency.

Household Information

PARENT/GUARDIAN INFORMATION

Student lives with Both parents Mother Father Guardian Foster Other _____
 Custody of student Joint Mother Father State Temporary Other _____
 Custody papers Non-custodial restrictions

NOTE: The school will not honor a request of restrictions unless copies of court orders supporting the request are on file with the school. A power of attorney document cannot replace court-ordered custody papers.

Parent/Legal Guardian #1
 Legal Name (First, Middle, Last, Suffix **(Please print clearly)**)

 Relationship to Student _____
 Home Address _____
 City, State, Zip _____
 Mailing Address (if different) _____
 City, State, Zip _____
 Home phone _____ Primary number
 Cell phone _____ Primary number
 Work phone _____ Primary number
 Email address _____
 Please do not send me District information via email.

Parent/Legal Guardian #2
 Legal Name (First, Middle, Last, Suffix **(Please print clearly)**)

 Relationship to Student _____
 Home Address _____
 City, State, Zip _____
 Mailing Address (if different) _____
 City, State, Zip _____
 Home phone _____ Primary number
 Cell phone _____ Primary number
 Work phone _____ Primary number
 Email address _____
 Please do not send me District information via email.

PLEASE LIST ALL CHILDREN OF SCHOOL AGE AND YOUNGER RESIDING IN THE HOME (OLDEST FIRST)

First, Middle, Last Name, Suffix	Gender	Birth Date	Grade	School Name (if attending)
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____

EMERGENCY CONTACTS (Persons to contact, other than parent, if child becomes ill)

First, Middle, Last Name	Relationship to Student	Home Phone	Work Phone	Cell Phone	Priority
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I hereby affirm, by my signature, that I am either the parent or guardian of the above named student (or the student if over 18) and that all information provided is true, accurate and up-to-date. Any false statement subjects the above named student to immediate withdrawal. Also, I hereby grant the Higley Unified School District staff permission, in an emergency, to take my child to the closest emergency center for treatment in the event that I cannot be reached. It is understood that the nurse will try to reach the parent(s) and other persons listed above before arranging for transportation to an emergency facility.

 Parent/Guardian (Student if over 18) Signature

 Date



**SUPPORT
PROGRAMS**

PLEASE SELECT SCHOOL

- CENTENNIAL CHAPARRAL CORONADO CORTINA
 GATEWAY POINTE HIGLEY ELEMENTARY AND MIDDLE SCHOOL
 POWER RANCH SAN TAN
 HIGLEY HIGH SCHOOL WILLIAMS FIELD HIGH SCHOOL

This information will be kept confidential and will be used only to identify students for support services.

Student Name

Student ID

Birth Date

Questions 1. and 1a. are intended to address the McKinney-Vento Assistance Act, U.S.C.A. 42 section 11302(a). Your answers will help us determine residence information necessary for potential services for this student.

1.	Where is the enrolling student presently living? (Check the one box that applies)	
	<input type="checkbox"/> In an emergency shelter. <input type="checkbox"/> In a motel, car, park, camper or campsite. <input type="checkbox"/> With another family in a house or apartment, <input type="checkbox"/> With friends or family members other than parent/guardian. <input type="checkbox"/> Awaiting foster care placement. <input type="checkbox"/> None of the above. You do not need to answer question 1a. Please go to question 2.	
1a.	The student lives with:	
	<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> One Parent and another adult that is not the legal guardian <input type="checkbox"/> A relative, friend(s) or another adult(s) <input type="checkbox"/> Alone with no adults <input type="checkbox"/> An adult that is not the parent or legal guardian	
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or any member of your household moved in the past 3 years for the purpose or working in agriculture-related jobs such as field work, fruit or vegetable packing companies, dairies or ranches?
2a.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student been previously enrolled in a migrant child education program?
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the child was born outside of the United States, has the student attended U.S. schools for a total of more than 3 academic years?
	If you answered NO , what is the date the student first enrolled in a U.S. School? <input style="width: 150px;" type="text"/>	
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student Native American?
	If YES , name of Tribe _____ Tribal number _____	
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student under refugee status?
	If YES , Country _____ I-94 Number _____	

Parent/Guardian Name (please print)

Signature of parent or guardian

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.



MEDICAL HISTORY

Student Name (Legal Last, First, and Middle Names)	Birth Date
<input type="text"/>	<input type="text"/>
Does your child take any medications on a routine basis? <input type="checkbox"/> Yes <input type="checkbox"/> No During school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of medication _____	Purpose of medication _____
Name of medication _____	Purpose of medication _____
Please contact the school health office regarding the policies for medication(s) taken during school hours.	

HEALTH CONDITIONS (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> CYSTIC FIBROSIS | <input type="checkbox"/> HEARING AIDS |
| <input type="checkbox"/> ALLERGIES (LIFE THREATENING) | <input type="checkbox"/> DEVELOPMENTAL DELAY | <input type="checkbox"/> HEARING IMPAIRED |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> DIABETES | <input type="checkbox"/> HIGH BLOOD PRESSURE |
| <input type="checkbox"/> BEHAVIORAL/EMOTIONAL | <input type="checkbox"/> EATING DISORDER | <input type="checkbox"/> PSYCHOLOGICAL |
| <input type="checkbox"/> BLOOD DISORDERS | <input type="checkbox"/> ENDOCRINE DISEASE | <input type="checkbox"/> SEIZURE DISORDER |
| <input type="checkbox"/> BRAIN/CNS DISORDER | <input type="checkbox"/> ENVIRONMENTAL/ALLERGIES | <input type="checkbox"/> TRACH/G-TUBE/O2 |
| <input type="checkbox"/> CANCER | <input type="checkbox"/> GENETIC DISORDER | <input type="checkbox"/> URINARY/KIDNEY |
| <input type="checkbox"/> CARDIOVASCULAR | <input type="checkbox"/> G.I. DISORDER | <input type="checkbox"/> VISUALLY IMPAIRED |
| <input type="checkbox"/> CEREBRAL PALSY | <input type="checkbox"/> HEADACHES | <input type="checkbox"/> OTHER _____ |

PLEASE FULLY EXPLAIN ANY ANSWERS CHECKED ABOVE:

FOOD ALLERGIES

- Yes No WHAT FOODS? _____
- Yes No EPI PEN NEEDED* Yes No BENADRYL NEEDED*

***PLEASE BRING THESE ITEMS TO THE HEALTH OFFICE TO SIGN IN**

Please list any other concerns, surgeries, illnesses or accidents in the past year:

CHICKENPOX (VARICELLA) STATUS

Beginning with the 2011 school year, students entering preschool, kindergarten and all other grades will be required to have proof of receiving the chickenpox vaccination (Varicella) or a history of having the chickenpox disease.

- YES**, my child has had the chickenpox disease. Month and year of disease _____
- YES**, my child has had the chickenpox vaccine. Date of vaccine _____
- NO**, my child has never had the illness or vaccine for chickenpox.

Children must have proof of all required immunizations, or valid exemption, in order to attend school. If your child's immunizations are not current, please contact the school health office for a list of free vaccination clinics.



Higley Unified School District #60

Authorization and Request for Release of Student Records

<input type="checkbox"/> Centennial Elementary 3507 S. Ranch House Parkway Gilbert, AZ 85297 480.279.8200 (Fax 480.279.8205)	<input type="checkbox"/> Chaparral Elementary 3380 E. Frye Road Gilbert, AZ 85295 480.279.7900 (Fax 480.279.7905)
<input type="checkbox"/> Coronado Elementary 4333 S. DeAnza Blvd. Gilbert, AZ 85297 480.279.6900 (Fax 480.279.6905)	<input type="checkbox"/> Cortina Elementary 19680 S. 188 th Street Queen Creek, AZ 85242 480.279.7800 (Fax 480.279.7805)
<input type="checkbox"/> Gateway Pointe Elementary 2069 S. Delatorre Drive Gilbert, AZ 85295 480.279.7700 (Fax 480.279.7705)	<input type="checkbox"/> Higley Elementary & Middle School 3391 E. Vest Ave. Gilbert, AZ 85295 480.279.6800 (Fax 480.279.6805)
<input type="checkbox"/> Power Ranch Elementary 4351 S. Ranch House Parkway Gilbert, AZ 85297 480.279.7600 (Fax 480.279.7605)	<input type="checkbox"/> San Tan Elementary 3443 E. Calistoga Dr. Gilbert, AZ 85297 480.279.7200 (Fax 480.279.7205)
<input type="checkbox"/> Higley High School 4068 E. Pecos Road Gilbert, AZ 85295 480.279.7300 (Fax 480.279.7305)	<input type="checkbox"/> Williams Field High School 2076 S. Higley Road Gilbert, AZ 85295 480.279.8000 (Fax 480.279.7513)

I hereby authorize the release of records for the following student:

Student's Name *Date of Birth* *Grade*

Name of Previous School

Address of Previous School *City* *State* *Zip Code*

Phone Number *Fax Number*

- Official Transcript of Grades (Please Mail)
- Test Scores: Stanford 9, AIMS, SAT, PSAT, Tera Nova, Act, etc.
- Results of CogAt, NNAt, or other gifted test (if applicable)

- Withdrawal Grades and Withdrawal Form
- Attendance Records
- Birth Certificate
- Medical Records
- Discipline Records (Suspensions/Expulsions)

Please send or fax Special Education Records, including IEP & Psych. Evaluations, to the campus checked above, ATTENTION: SCHOOL PSYCHOLOGIST

Please mail or fax the records to the address checked above. If necessary, please forward this request to the appropriate department for records that are not contained on your campus. Thank you for your prompt consideration.

Signature of Parent/Guardian or Registrar *Date*

THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA) STATES: §99.31 Under what conditions is prior consent *not* required to disclose information? (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the consent required by §99.30 if the disclosure meets one or more of the following conditions: (1) The disclosure is to other school officials, including teachers, within the agency or institution whom the agency or institution has determined to have legitimate educational interest. (2) The disclosure is, subject to the requirements of §99.34, to officials of another school, school system, or institution of postsecondary education where the student seeks or intends to enroll.

FOR HIGLEY UNIFIED SCHOOL DISTRICT USE ONLY	
DATE REQUESTED: _____	MAILED: _____
DATE RECEIVED: _____	FAXED: _____



H-I-G-L-E-Y
UNIFIED
SCHOOL
DISTRICT



District Offices

480.279.7000
480.279.7005 Fax

2935 S. Recker Road
Gilbert, AZ 85297

www.husd.org

Dear Parent(s)/Guardian(s),

We would like to provide you with important information regarding our school health offices. This information allows us to provide consistency in the care of your children.

- **Fever/Temperature:** Please keep your child home if they have a temperature of 100 degrees or higher. They may return to school after being fever-free for at least 24 hours without the use of medication.
- **Vomiting and/or Diarrhea:** Please keep your child home until symptom free for at least 24 hours. The child must be able to consume his/her regular diet without any problem.
- **Pink eye:** Your child may return to school after a full 24 hours of antibiotic treatment.
- **Strep throat:** Your child may return to school after a full 24 hours of antibiotic treatment and fever-free.
- **Medications:** Do not send your child to school with medication of any type. All medications must be checked in through the health office. Prescription medications must have a pharmacy label and the medicine cannot be past the expiration date. Over-the-counter medications must be in the original container. A consent form must be completed for ALL medications not listed on the HUSD emergency card.
- **Flip-flops:** Please inspect your child's flip-flops on a regular basis for wear and tear. We cannot repair them. Children must call their parent/guardian from the classroom and hope that they are available to bring another pair of shoes to school.
- **HUSD Lice Policy:** We have a nit-free policy. If your child contracts lice please do not send them to school until they have been treated and all lice and nits are removed from the hair. Please report this condition to the health office. Your child will be examined for lice and/or nits privately in the health office prior to returning to class.
- **Immunizations:** All students must be up to date on their immunizations to attend school per state laws A.R.S. 15-871-874. If you have questions regarding requirements for your child's age and grade level, please contact your school's health office. You can access information regarding FREE immunization clinics at AZ Department of Health Services Website or call the health office and we will send a schedule home with your child. Please make sure to take your child's immunizations records with you to the clinic and then bring proof to the health office so we can update the school record.
- **Water Bottle Donations:** We appreciate any water bottle donations to our school health offices. We also appreciate new packages of boys and/or girls underwear and used pants for the inevitable accidents that occur at school.
- **Passes:** Our goal and highest priority is to take care of your child's health needs and help ensure their safety. With this in mind, school policy is that all students must come to the health office with a pass from their instructor. If a student is sent without a pass they will be sent back to class to get one. The only exception is in the event of an emergency situation. This policy allows staff to know where your child is at all times and provides for your child's safety.

Thank you for your cooperation!

HUSD School Health Offices

2011-2012 Arizona School Immunization Requirements

Parents:

1. Children must have proof of all required immunizations, or valid exemption, in order to attend the first day of school. Arizona law allows exemptions for medical reasons, laboratory evidence of immunity and personal beliefs. Exemption forms are available from schools and at www.azdhs.gov/phs/immun/idr_forms. Homeless students are allowed a 5-day grace period.
2. The record for each vaccine dose must include the date and name of doctor or clinic.
3. The statutes and rules governing school immunization requirements are:
Arizona Revised Statutes 15-871 - 874; Arizona Administrative Code, R9-6-701 - 708.
4. Check requirements for your child's age and grade level in the chart below.

Age →	Under age 7	7 - 10 years	11 years and older	11 years and older
Grade →	Kindergarten and above	Kindergarten-5 th grades	6 th , 7 th , 8 th , & 9 th <u>Grades Only</u>	10 th - 12 th grades
Vaccine ↓				
DTaP/DTP/DT	4-5 doses At least 1 dose at 4 years of age or older is required. A 6th dose is needed if 5 doses have been given before 4 years of age.	History of 4 DTaP or a total of 3 tetanus & diphtheria doses given after 12 months of age.	1 Tdap dose is required when 5 years have passed since the last DTaP, DTP, DT or Td. Students starting or finishing the first 3 tetanus & diphtheria doses must receive only 1 Tdap as part of the 3-dose series.	Students who have not already received Tdap are required to receive 1 Tdap dose when 10 years have passed since the last DTaP, DTP, DT, or Td. Students starting or finishing the first 3 tetanus & diphtheria doses must receive only 1 Tdap as part of the 3-dose series.
Td				
Tdap				
Meningococcal			1 dose	1 dose recommended Not required in 2011-2012 school year.
Polio	3-4 doses 3 doses meet the requirement if the third dose was given at 4 years or older. 4 doses meet the requirement even if all 4 doses were given in the first year of life.			
MMR	2 doses A third dose will be required if the first dose was given before 12 months of age.			
Hepatitis B	3 doses A fourth dose will be required if the third dose was given before 24 weeks of age.			
Varicella	1 dose if given before 13 years of age 2 doses if first dose was given at 13 years of age or later Varicella vaccination, or history of chicken pox disease, is <u>required</u> for grades Kdg through 12 th .			