

**HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT NO. 6
STUDENT REGISTRATION**

DATE: _____ SCHOOL YEAR _____ GRADE _____
 LEGAL LAST NAME LEGAL FIRST NAME LEGAL MIDDLE NAME

STUDENT INFORMATION			
----------------------------	--	--	--

PREFERRED NAME	DATE OF BIRTH	PLACE/TOWN/STATE/COUNTRY

STUDENT RESIDENCE	GENDER: M F

Both Parts **MUST** be answered

Part 1: Ethnicity (choose one) <input type="checkbox"/> Hispanic/Latino – A person who is Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. <input type="checkbox"/> Not Hispanic/Latino	Part 2: Race (Choose one of more regardless of Ethnicity) <input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North, South and Central America). <input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, South East Asia, or the Indian subcontinent). <input type="checkbox"/> Black or African American (A person having origins in Africa). <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person origins in Hawaii, Guam, Samoa, or other Pacific Islands). <input type="checkbox"/> White (A person having origins in Europe, Middle East, or North Africa).
--	---

Student Primary Home Language

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

PARENT/GUARDIAN INFORMATION	RELATIONSHIP (circle one)			TITLE		LAST NAME	FIRST NAME
	Father	Mother		Mr.	Mrs.		
	Stepfather	Stepmother		Dr.	Ms.		
	Guardian	Other	Foster				

PLEASE CIRCLE			PLEASE CIRCLE		
Legal Custody?	YES	NO	Student Resides Here?	YES	NO
Ok to Pick-up?	YES	NO	Contact Allowed?	YES	NO
Should Receive School Mail?	YES	NO	Person Responsible for Student?	YES	NO

MAILING ADDRESS (Please include city)	LOCATIONAL ADDRESS (Please include city)

HOME PHONE	EMPLOYER	WORK PHONE	OTHER PHONE

PARENT/GUARDIAN INFORMATION	RELATIONSHIP (circle one)			TITLE		LAST NAME	FIRST NAME
	Father	Mother		Mr.	Mrs.		
	Stepfather	Stepmother		Dr.	Ms.		
	Guardian	Other	Foster				

PLEASE CIRCLE			PLEASE CIRCLE		
Legal Custody?	YES	NO	Student Resides Here?	YES	NO
Ok to Pick-up?	YES	NO	Contact Allowed?	YES	NO
Should Receive School Mail?	YES	NO	Person Responsible for Student?	YES	NO

MAILING ADDRESS (Please include city)	LOCATIONAL ADDRESS (Please include city)

HOME PHONE	EMPLOYER	WORK PHONE	OTHER PHONE

BC _____ First Enrollment _____
 IMM _____
 Residency _____ Teacher _____ FERPA _____

STUDENT CONTACT INFORMATION SHEET SCHOOL YEAR _____ GRADE _____

STUDENT NAME			
PARENTS' NAME(S)			
MAILING ADDRESS			
STREET ADDRESS			
HOME PHONE			
DAD'S WORK			PHONE:
MOM'S WORK			PHONE:

LAST NAME		FIRST NAME	
EMERGENCY CONTACT 1			
RELATIONSHIP (circle one) 1		PLEASE CIRCLE	PHONE
Grandma Aunt Neighbor	Grandpa Uncle Friend Other	OK to Pick-up? YES NO	

LAST NAME		FIRST NAME	
EMERGENCY CONTACT 2			
RELATIONSHIP (circle one) 2		PLEASE CIRCLE	PHONE
Grandma Aunt Neighbor	Grandpa Uncle Friend Other	OK to Pick-up? YES NO	

MEDICAL INFORMATION-EMERGENCY TREATMENT

STUDENT NAME	DOB	GRADE
Current Medical Condition		
Known Allergies: Medical/Food/Seasonal, etc		
List Any Daily Medications:		
Child's Physician:		Phone:

I give permission for my child _____ to be transported in case of emergency and to be medically treated if I am unable to be contacted.

Parent/Guardian

Phone

Date

Dear Parents,

Keeping you informed is a top priority at the Heber-Overgaard School District. That's why we have adopted an ALERT notification which will allow us to send a telephone or email message to you providing important information about school events or emergencies. We anticipate using the system to notify you of school delays or cancellations due to inclement weather, as well as remind you about various events, including report card distribution, parent-teacher conferences, open house, field trips, and more. In the event of an emergency at school, you can have peace of mind knowing that you will be informed immediately by phone.

What you need to know about receiving calls sent through the Alert System:

- ❖ Caller ID will display the school's main number when general announcement is delivered.
- ❖ A message will be left on your answering machine or voicemail.
- ❖ If the message stops playing, press any key 1-9 and the message will replay from the beginning.

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone number and email address. If this information changes during the year, please let us know immediately.

ADDITIONAL PHONE CONTACTS (you don't need to put down what you already have in the packet),

Student Name _____ Grade _____

Name	Relation to Student	Phone Number	OK to Pick up
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
Email Address			
Text message to your Cell*			
Phone Carrier			
Parent Signature			

*District not responsible for text charges

HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT NO. 6
STUDENT REGISTRATION

Has the student ever attended a school in this District? Y N

If Yes, which school? MMP CAPPs MJHS MHS

Date Withdrawn _____

Has the student ever been enrolled in a Special Education Program or does the student have any handicapping condition that would affect performance in a regular program? If Yes, please explain. Y N

Does your child have a current 504 Accommodation Plan? Y N

Does your child have a current IEP? Y N

Please indicate if your child has been enrolled in any of the following:

{ } Chapter 1 { } Speech Therapy { } Resource { } Gifted

HAS YOUR CHILD EVER:

been expelled or being considered for expulsion from ANY school or district? Y N

had a Long-term suspension or being considered for suspension from ANY school or district? Y N

IS YOUR CHILD:

in compliance with conditions imposed by a juvenile court? Y N

To the best of my knowledge, the information I have provided on this form is accurate and true. I hereby certify that I am the parent (with legal custody, if separated or divorced) or legal guardian of my student:

_____ Print Student Name

Signature of Parent/Guardian

_____ Date

Student Residency—The McKinney-Vento Homeless Education Assistance Improvement Act 42 U.S.C. 11435

1. Is your current address a temporary living arrangement? Y N

2. Is this temporary living arrangement due to loss of housing or economic hardship? Y N

If YES, Please fill out a supplemental form

Domicillio del estudiante-Ley: Act 42 U.A.C. 11435: McKinney-Vento (Informacion sobre estudiantes que no tienen domicillio)

1. ?Su direcccion actual es temporanea? Si No

2. ?Es esta situacion temporanea por perdida de su casa o por otra dificultad economica? Si No

Si responde qu "Si", hay que linear otra forma para proveer mas informacion. Gracias.

Heber-Overgaard Unified School District #6

Acceptable Internet Resource Use Policy

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 electronic information service (EIS) is used and bears the risk of reliance on the information obtained. 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.

Student or Employee Signature

Name (printed) _____

Signature _____ Date _____
(Student or Employee)

School _____

If a student Grade _____ Teacher _____ Class _____ Period _____

Note that this agreement applies to both students and employees.

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.

Parent or Guardian Cosigner

As the parent or guardian of the above named student, I have read this agreement and understand it. 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 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 give my permission to have my child use the electronic information services.

Parent or Guardian Name (printed) _____

Signature _____

For Technology Department Use Only

Assigned User Name _____ Password _____

Needs E-mail? Yes No

Account created on ____/____/____

Phone # _____

HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT #6

NOTIFICATION BY PARENTS OF PUPIL'S ABSENCE FROM SCHOOL
(ARS 15-807)

According to Arizona Revised Statutes 15-807, it is the responsibility of the parent/guardian to notify the school in which the pupil is enrolled prior to or at the time of any absence of the pupil.

If the student is not in attendance at school and the school has not been notified, reasonable effort will be made to contact parents/guardian by phone.

By law, the School District is required to ask for a telephone number where either parent can be contacted for purposes of attendance and that the school be notified promptly of any change in telephone numbers.

Parent/Guardian

Date

Phone

EMERGENCY SCHOOL CLOSINGS

Occasionally, it will be necessary to close school because of excessive illness or extreme bad weather conditions, etc. When such occurs, word will be disseminated as quickly as possible through our ALERT system, the available media, including the radio stations in Show Low and Holbrook. If possible, information will be sent home in writing in advance of such closing.

Should the emergency be declared after school has begun for the day, students will be transported to their regular bus drop areas, unless specifically requested otherwise by the parents. Parental approval to remain with another family, etc. must be in writing and in the student's folder.

Please provide the following information:

Should an emergency occur, and school is dismissed early, and students have already been transported to the schools, my child, _____, is hereby authorized to:

{ } Go directly home as he/she would on any other day.

{ } Go to the home of _____
Name

Address

Phone

{ } Remain at the school until picked up by parents, but not later than 5:00pm on the date of the emergency.

Signature of Parent/Guardian

Date

Daytime Phone



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

1535 West Jefferson Street, Phoenix, Arizona 85007 * 602-542-0753 * www.azed.gov/oelas

HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT #6

School Year

PARENTAL NOTIFICATION AND CONSENT FORM
AZELLA Testing, Placement into an English Language Learner Program

To the Parent/Guardian of: _____ SAIS ID _____

Since you have indicated that English is not the primary language in your home, we are requesting your consent to test your student with the state of Arizona's English Language Learner (ELL) recommended test. The AZELLA (Arizona English Language Learner Assessment), and for possible placement into an ELL program within our district. The AZELLA will measure your student's English proficiency in the following areas: listening, speaking, reading, writing, and writing conventions.

Your student's English proficiency will fall under one of five labels:

- Pre-Emergent
- Emergent
- Basic
- Intermediate
- Proficient

No special placement will be necessary if your student tests proficient; if your student tests as an intermediate, basic, emergent, or pre-emergent English Language Learner, your child will be placed into a Structured English Immersion Program. This program is designed to adjust instruction according to your individual student's identified strengths and weaknesses, and assist limited English speaking students in becoming proficient in making a full transition into mainstream classrooms.

I give permission to have my student tested using the AZELLA.

Signature of Parent or Legal Guardian

Date

ADMISSION OF RESIDENT STUDENTS

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

_____ Valid Arizona Address Confidentiality Program (ACP) authorization card

_____ Real estate deed or mortgage documents

_____ Property tax bill

_____ Residential lease or rental agreement

_____ Water, electric, gas, cable, or phone bill

_____ Bank or credit card statement

_____ W-2 wage statement

_____ Payroll stub

_____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona

_____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

_____ Temporary on-base billeting facility (for military families)

_____ 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. (JFAA-EB)

Signature of Parent/Legal Guardian

Date



ADMISSION OF RESIDENT STUDENTS
STATE OF ARIZONA AFFIDAVIT OF SHARED RESIDENCE

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____, swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program (ACP) authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of Navajo

The foregoing was acknowledged before me this _____ day of _____, 20____.

By _____

My Commission Expires _____

Notary Public

HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT #6

MEDIA RELEASE FORM

We need students and parent permission to use a person's photograph, voice, and/or name in various social media projects. We will be highlighting teachers, staff, students, events, and other activities on our Face Book page, Twitter, and Instagram. Please read the following, then date and sign where indicated. Thank You

Please initial next to your choice:

_____ **Yes- I consent.** I grant permission for my child to participate and appear in video or audio recordings, films, photographs, written articles, or on websites and social media sites. This consent includes the use and editing of my child's image, voice and name in media projects by the Heber-Overgaard School District to print, broadcast, or Internet, media outlets, such as newspaper, radio and television stations and news websites. In consideration of the opportunity for my child to participate, I release the Heber-Overgaard School District, including its employees and contractors, from all claims resulting from the use and editing of my child's image, voice, or name, and the use, sale, editing and release to media outlets.

_____ **No- I do not consent** to Heber-Overgaard School District to use of my child's photograph, voice and/or name in various media projects.

Your selection remains valid for all media projects occurring during the school year in which this form is signed. You may change your selection at any time by completing a new form at your school.

Date: _____
(Day, Month, Year)

Student Name: _____

Parent or legal guardian signature is required if the participant is under 18 years of age.

Parent or legal guardian name: _____

CORPORAL PUNISHMENT PERMISSION FORM

Heber-Overgaard Unified School District #6 policy JKA, allows the use of corporal punishment. Regulation JKA-R reads as follows:

Corporal Punishment

In determining whether to use corporal punishment, the following considerations should be taken into account: the seriousness of the offense, the attitude and past behavior of the student, the age and strength, the student, and the availability of equally effective nonphysical means of discipline.

Corporal punishment may not be administered for academic deficiency or conduct not related to the school.

Corporal punishment must be approved by the school administrator. Corporal punishment may be administered by the school administrator or by educationally certified employees designated by the school administrator. One adult employee of the school shall be present to witness the spanking.

There must be at least 30 minutes lapse time between the referral and the decision to and administration of corporal punishment.

Parental/Guardian permission slips approving corporal punishment must be on file prior to administering corporal punishment. A parent/guardian of the student shall be notified prior to administering corporal punishment and will be invited to witness the administration of the punishment.

Corporal punishment will be administered by spanking the buttocks, no more than (3) times, of a student with a flat-surfaced paddle that will cause no more than temporary pain and not inflict permanent damage to the body. No other form of corporal punishment is authorized.

I have read regulation JKA-R and understand that I have the right to choose whether or not corporal punishment may be used in disciplining my child(ren).

{ } I hereby **authorize** the use of corporal punishment under the conditions outlined in regulation JKA-R for the following children:

{ } I do **not** wish for corporal punishment to be administered to the following children:

Signature of Parent/Guardian

Date

Daytime Phone

This authorization is valid as long as said child(ren) are attending Heber-Overgaard School District. It may be revoked at any time by submitting a new form to the appropriate school official(s).

HEBER-OVERGAARD UNIFIED SCHOOL DISTRICT #6
Notification of Rights under FERPA

The Family Educational Rights and 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 or eligible students should submit to the School Principal a written request that identifies the records 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, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the school to amend a record should write the School Principal, clearly identify the part of the record they want changed, and specify why it should be changed. 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 without consent.

One exception, which permits disclosure without consent, is disclosure to school officials 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 as its agent to provide a service instead of using its own employees or officials (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.

Upon request, the school discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.

4. The right to consent to disclosure of directory information;

Information contained in an education record of a student that generally would not be considered harmful or an invasion of privacy if disclosed. It includes, but is not limited to, the student's name, address, telephone listing, electronic mail address, photograph, date and place of birth, gender, dates of attendance, grade level, enrollment, participation in officially recognized activities and sports, weight and height of members of athletic teams, honors and awards received, and most recent education agency or institution attended.

A student may request that all or a portion of this information not be released by filing a written request to that effect with the school office. Requests to withhold directory information must be filed annually with the school office.

5. 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 administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5920

MOUNTAIN MEADOWS PRIMARY

DATE: _____

PREVIOUS SCHOOL: _____

PHONE: _____

FAX: _____

REQUEST FOR AND RELEASE OF INFORMATION

STUDENT: _____

BIRTHDATE: _____

GRADE: _____

Please send the following information:
Arizona SAIS number (If Arizona school)
Grade records through withdrawal date
Last Report Card
Explanation of your grading system
Record of Immunizations
Copy of Birth Certificate
Standardized test records
Discipline Records
Special Education Records, including IEP

Send records to:
Mountain Meadows Primary
Atten: Elwanda Reidhead
PO BOX 40
Overgaard, Arizona 85933
Phone (928) 535-4622 ext 4000
Fax (928) 535-5146
elwanda.reidhead@h-oschools.org

I acknowledge notification of this transfer of records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a non-school third party without my consent.

Signature of Parent/Guardian

Date

PARENT/GUARDIAN CONSENT FOR
OVER THE COUNTER AND NON PRESCRIPTION
MEDICATION ADMINISTRATION DURING SCHOOL HOURS

Dear Parent/Guardian:

There are certain procedures to be followed should it be necessary for our child to be given over the counter medications during school hours. Please review and sign this document and return it to the school as soon as possible.

ADMINISTRATION OF NON PRESCRIPTION MEDICATION:

Non prescription medications or over the counter medications (such as Tylenol or Cough Drops) may be administered to students who have written permission from parent/guardian.

**Homeopathic and naturopathic medications will not be administered at school.
Homeopathic and naturopathic remedies are not FDA approved for use and are therefore not considered for use as over the counter medications.**

A Parent/Guardian consent for permission to administer Over the Counter Medications must be signed and on file with the school nurse. Non prescription medications will be given in a dosage consistent with the child's weight and/or age as indicated on the medication package.

I have read and understand the above and I request that designated school personnel assist my child, _____, by administering him/her the over the counter medications he/she needs.

PARENT/GUARDIAN'S PERMISSION:

Signature of Parent/Guardian

Printed Name

Date



Heber-Overgaard Schools

"Home of the Mustangs"

P.O. Box 547 Heber, Arizona 85928

Phone 928-535-4622 Fax 928-535-5146

www.heberovergaardschools.org

Dear Parent/Guardian:

The Heber-Overgaard Unified School District's School Health Services program supports your student's academic success by promoting health in the school setting. One way that we can provide care for your student is by performing the health screenings as mandated by the State of Arizona.

During the school year, the hearing and vision screenings will be required or completed at school for all newly entering students and students in Pre-School or Kindergarten, Grades 1, 3, 5, 7, and 9th, and any student with an IEP. If a student failed a screening the previous year, or there is no record of a hearing or vision screening on file a screening will be required or completed.

A letter will be sent home if your student needs follow-up with your health care provider. The information obtained from these screenings is preliminary only and does not constitute a diagnosis.

Please call the school's Health Office if you have any questions and/or concerns:

School Nurse: Marsha Nine Phone: 928-535-4622 ext 4040

SCREENING CONSENT FORM

- I give permission for my child to participate in the hearing and vision screening program provided by HOUSD

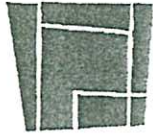
- I DO NOT give permission for my child to participate in the hearing and vision screening program provided by HOUSD.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Print Child's Name: _____

Phone Number: _____ Email: _____



Comments:

Personal Beliefs Exemption Form

Kindergarten – 12th Grade Only

Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents to decide whether or not to vaccinate their child.

By state law, (A.R.S. §15-873) a child will not be allowed to attend school until either proof of immunization or a completed exemption form is submitted to the school. The information below is provided to ensure that parents are informed about the risks of not vaccinating.

Place an "X" in the box to the left of the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.

<input type="checkbox"/>	Diphtheria (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials _____ Date _____
<input type="checkbox"/>	Tetanus (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.	Initials _____ Date _____
<input type="checkbox"/>	Pertussis (Whooping Cough) (DTaP, Tdap): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.	Initials _____ Date _____
<input type="checkbox"/>	Polio (IPV): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials _____ Date _____
<input type="checkbox"/>	Measles, Mumps, Rubella (MMR): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and brain damage.	Initials _____ Date _____
<input type="checkbox"/>	Hepatitis B: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.	Initials _____ Date _____
<input type="checkbox"/>	Varicella (Chickenpox): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.	Initials _____ Date _____
<input type="checkbox"/>	Meningococcal: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing meningococcal disease. Serious symptoms and effects of this disease include: brain damage, sepsis (systemic infection) permanent scarring or loss of limbs, and death.	Initials _____ Date _____

Due to my personal beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child.

Initials _____

- I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no cost vaccination services are available from my local county health department and Arizona Department of Health Services (www.azdhs.gov/phs/immunization/).
- I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend school until the risk period ends, which may be 3 weeks or longer.

Child's Name _____ Date of Birth (month/day/year) _____

Parent/Guardian Signature _____ Date (month/day/year) _____

Parents and Guardians

You can take advantage of our Text Messaging Service

Our school utilizes the SchoolMessenger system to deliver text messages, straight to your mobile phone with important information about events, school closings, safety alerts and more.

You can participate in this free service* just by sending a text message of "Y" or "Yes" to our school's short code number, 67587.

You can also opt out of these messages at any time by simply replying to one of our messages with "Stop".

We recommend saving this short code and Caller ID to the contacts on your phone. This will help prevent any 3rd party call blocking systems from interfering with your receipt of important messages sent by the school or district.


SchoolMessenger is compliant with the Student Privacy Pledge™, so you can rest assured that your information is safe and will never be given or sold to anyone.



Opt-In from your
mobile phone now!



Just send "Y" or
"Yes" to 67587

 Information on SMS text messaging and Short Codes:

Our notification provider, SchoolMessenger, uses a true SMS protocol developed by the telecommunications industry specifically for mass text messaging, referred to as "short code" texting. This method is fast, secure and highly reliable because it is strictly regulated by the wireless carriers and only allows access to approved providers. If you've ever sent a text vote for a TV show to a number like 46999, you have used short code texting.

***Terms and Conditions** – Message frequency varies. Standard message and data rates may apply. Reply HELP for help. Text STOP to cancel. Mobile carriers are not liable for delayed or undelivered messages. Alerts sent over the wireless Public Alerting system are to take precedence over any notifications sent via the short code. See www.schoolmessenger.com/tm for more info.



Arizona law requires that preschools and child care facilities use this official ADHS form to document a religious beliefs exemption to immunization.

Religious Beliefs Exemption Form

For Child Care, Preschool and Head Start Programs

The Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents who are raising their child in a religion whose teachings are in opposition to immunization to make the decision not to vaccinate their child.

Place an "X" in the box to the left of the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.

<input type="checkbox"/>	Diphtheria (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials _____ Date _____
<input type="checkbox"/>	Tetanus (DTaP, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.	Initials _____ Date _____
<input type="checkbox"/>	Pertussis (Whooping Cough) (DTaP, Tdap): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.	Initials _____ Date _____
<input type="checkbox"/>	Polio: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials _____ Date _____
<input type="checkbox"/>	Measles, Mumps, Rubella (MMR): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and brain damage.	Initials _____ Date _____
<input type="checkbox"/>	Haemophilus Influenza type b (Hib): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing Hib if exposed to this disease. Serious symptoms and effects of this disease include: meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, and death.	Initials _____ Date _____
<input type="checkbox"/>	Hepatitis B: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.	Initials _____ Date _____
<input type="checkbox"/>	Hepatitis A: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis A if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), "flu-like" illness, hospitalization, and death.	Initials _____ Date _____
<input type="checkbox"/>	Varicella (Chickenpox): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.	Initials _____ Date _____

Due to my religious beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child.

Initials _____

- I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services (www.azdhs.gov/phs/immunization/).
- I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend child care until the risk period ends, which may be 3 weeks or longer.

Child's Name _____ Date of Birth (month/day/year) _____

Parent/Guardian Signature _____ Date (month/day/year) _____