

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

DATE: \_\_\_\_\_

SCHOOL YEAR 2022-23

GRADE \_\_\_\_\_

	LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME
<b>STUDENT INFORMATION</b>			

PREFERRED NAME	DATE OF BIRTH	PLACE OF BIRTH (State & Country)

**STUDENT RESIDENCE**

	Gender:    M            F
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Both Parts **MUST** be answered

<b>Part 1: Ethnicity (choose one)</b> <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	<b>Part 2: Race (Choose one or more regardless of Ethnicity)</b> <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, SouthEast Asia, or the Indian subcontinent.) <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa.) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)
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**Student Primary Home Language**

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?

	RELATIONSHIP (circle One)	TITLE	LAST NAME	FIRST NAME
<b>PARENT/GUARDIAN INFORMATION</b>	Father Stepfather Guardian	Mother Stepmother Other	Mr. Mrs. Dr. Ms.	

	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 (Specify)

	RELATIONSHIP (circle One)	TITLE	LAST NAME	FIRST NAME
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	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 (Specify)

**Parent email address** \_\_\_\_\_

**FERPA attached** \_\_\_\_\_

## 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?	
Date Withdrawn	
Special Custody Considerations:	Paperwork? Y    N

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: <input type="checkbox"/> Chapter I <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Resource <input type="checkbox"/> Gifted		

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
_____	Date
Signature of Parent/Guardian	

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

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

\*\*If YES, Please fill out supplemental form\*\*

**Domicilio del estudiante – Ley: Act 42 U.S.C. 11435: McKinney-Vento (información sobre estudiantes que no tienen domicilio.)**

1. ¿Su dirección actual es temporánea?     Sí     No
2. ¿Es esta situación temporánea por pérdida de su casa o por otra dificultad económica?     Sí     No  
 \*\*Si responde que "Sí", hay que llenar otra forma para proveer más información. Gracias.\*\*

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 \_\_\_\_\_

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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](http://www.azed.gov/oelas)

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 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 of the date of emergency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone

**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

## FORM TO STOP DISCLOSURE OF STUDENT INFORMATION

Our school may be requested to provide the names, addresses, and telephone numbers of high school students to military recruiters, colleges, prospective employers, and other groups. **You do not have to participate in this program.**

Please complete this form and return it to your child's guidance counselor if you do **not** want your child's name, address and telephone number disclosed to groups that may request it.

DO NOT DISCLOSE my child's contact information (name, address and telephone number) to the U.S. military, higher education institutions or prospective employers.

Or

DO NOT DISCLOSE my child's contact information (name, address, and telephone number) to the entities marked with an (X) below:

- U.S. military (Army, Navy, Air Force, Marines, National Guard, etc.)
- Colleges and other institutions of higher education
- Prospective employers

Parent or Guardian \_\_\_\_\_  
Please Print Name

Signature \_\_\_\_\_

Student's Name \_\_\_\_\_

Name of School \_\_\_\_\_

Mogollon High School  
P.O. Box 279  
Heber, AZ 85928

---

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUEST FOR AND RELEASE OF INFORMATION**

STUDENT: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

Please send the following information:

- \_\_\_\_\_ OFFICIAL TRANSCRIPT (MAIL)
- \_\_\_\_\_ UNOFFICIAL TRANSCRIPT (FAX)
- \_\_\_\_\_ OFFICIAL WITHDRAWAL & WITHDRAWAL GRADES
- \_\_\_\_\_ LAST REPORT CARD
- \_\_\_\_\_ EXPLANATION OF YOUR GRADING SYSTEM
- \_\_\_\_\_ RECORD OF IMMUNIZATIONS
- \_\_\_\_\_ COPY OF BIRTH CERTIFICATE
- \_\_\_\_\_ STANDARDIZED TESTS RESULTS
- \_\_\_\_\_ DISCIPLINE RECORDS
- \_\_\_\_\_ SPECIAL EDUCATION RECORDS, INCLUDING I.E.P (IF APPLICABLE)

Mail, Fax or Email to: Mogollon High School  
Attn: Paula Hunt, Registrar  
P.O. Box 279  
Heber, AZ 85928  
Fax (928) 535-5146 Phone (928) 535-4622 EXT. 2000  
Email: [paula.hunt@h-oschools.org](mailto:paula.hunt@h-oschools.org)

**PER ARS 15-828 F-G, IF A STUDENT TRANSFERS FROM ONE SCHOOL TO ANOTHER, THE TRANSMISSION OF ANY OF THE STUDENTS RECORDS TO THE RECEIVING SCHOOL WILL OCCUR WITHIN THE TIMEFRAME SPECIFIED AND WILL NOT REQUIRE THE CONSENT OF THE PARENT(S).**

REQUESTED: \_\_\_\_\_ DATE: \_\_\_\_\_

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 student/parent/guardian DATE: \_\_\_\_\_

# 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 (Print) \_\_\_\_\_

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 # \_\_\_\_\_



**STUDENT CONTACT INFORMATION SHEET SCHOOL YEAR \_\_\_\_\_ GRADE \_\_\_\_\_**

STUDENT NAME	
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PARENTS' NAME(S)	
------------------	--

MAILING ADDRESS	
-----------------	--

STREET ADDRESS	
----------------	--

HOME PHONE	
------------	--

DAD'S WORK		PHONE:
------------	--	--------

MOM'S WORK		PHONE:
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	LAST NAME		FIRST NAME
<b>EMERGENCY CONTACT</b>			

RELATIONSHIP (Circle One)	PLEASE CIRCLE		PHONE
Grandma      Grandpa Aunt            Uncle Neighbor      Friend	Ok to Pick-up?	YES      NO	

**MEDICAL INFORMATION – EMERGENCY TREATMENT**

Occasionally we have students who come to the Nurse's Office during school hours with complaints of illness or injury. According to School District Policy and under guidelines by Arizona Department of Health Services, the District is required to have written parent/guardian permission to administer **any type** of medication. This includes both over-the-counter and prescription medication.

Please complete the following to authorize the Nurse's Office to administer Tylenol, antibiotic ointment or cough drops when indicated to your child. Also, complete the following in order to permit school personnel to seek emergency medical treatment for your child in the event of a medical emergency.

STUDENT NAME:	DOB:	GRADE:
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CURRENT MEDICAL CONDITION:
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KNOWN MEDICAL ALLERGIES (Please List):
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LIST ANY DAILY MEDICATIONS:
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CHILD'S PHYSICIAN:	PHONE:
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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 CONSENT FOR  
OVER THE COUNTER AND NON PRESCRIPTION  
MEDICATION ADMINISTRATION DURING SCHOOL HOURS

Dear Parent or Guardian:

There are certain procedures to be followed should it be necessary for your child to be given over the counter medications during school hours. Please review and sign this document and return it to 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 parents/guardians.

**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:

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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](http://www.heberovergaardschools.org)

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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-K or Kindergarten, Grades 1, 3, 5, 7, and 9<sup>th</sup>, 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: Bobbi Jo Olmstead, BSN, RN Phone: 928-535-4622

## **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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**MOGOLLON JR. HIGH & HIGH SCHOOL  
PARENT/GUARDIAN CONSENT FOR EMERGENCY  
TREATMENT**

As the parent/guardian of \_\_\_\_\_, I grant permission for the  
Student's name

School district to provide emergency treatment, transport to an emergency medical facility,  
and render emergency services to said minor, which may be necessary under the general  
or specific direction of Dr. \_\_\_\_\_, who can be reached at  
Physician's name

\_\_\_\_\_, or by any emergency medical facility physician.  
Physician's Phone Number

I also give permission for my child to be transported by any available emergency medical  
transport to the nearest medical facility for emergency care and treatment.

**PARENT/GUARDIAN PERMISSION**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

# Mogollon High School Photo Release Form

I, \_\_\_\_\_, parent of \_\_\_\_\_  
do hereby release all liability and grant permission to Mogollon High School to use the name of my student and/or property of which I am the owner, photograph, or original artwork for publicity, advertising, and news material connected with Mogollon High School. This may include, but is not limited to, such promotional materials as brochures, catalogs, handbooks, calendars, web pages or class schedules. These reproductions are the sole property of Mogollon High School and may be used in conjunction with my name.

\_\_\_\_\_  
Signature (Parent/Guardian required for minors)

\_\_\_\_\_  
Date

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I, \_\_\_\_\_, parent of \_\_\_\_\_  
Do not give permission for my student's information to be used by the Mogollon High School office for any reason.

\_\_\_\_\_  
Signature (Parent/Guardian required for minors)

\_\_\_\_\_  
Date

## **Heber-Overgaard USD #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 that administers FERPA are:

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