

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

DATE: _____

SCHOOL YEAR 2022-23

GRADE _____

STUDENT INFORMATION	LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME
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PREFERRED NAME	DATE OF BIRTH	PLACE OF BIRTH (State & Country)
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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 or 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, 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?

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

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

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

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 _____

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

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

Mogollon Jr. 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 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 Jr. 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

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:

LAST NAME		FIRST NAME	
EMERGENCY CONTACT			

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:

KNOWN MEDICAL ALLERGIES (Please List):
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LIST ANY DAILY MEDICATIONS:

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:

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-K 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: 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

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