

Camp Verde USD Registration Form

School Use Only
Entry Date _____
Entry Code _____
Teacher _____
Grade _____
Room # _____
I.D. # _____
Birth Certificate _____
Bus # _____
Records Req _____
Recorded _____

Has this pupil ever received long-term suspension?
YES ___ NO ___
Expulsion? YES ___ NO ___

STUDENT INFORMATION

Student's Name _____
(LAST) (FIRST) (MIDDLE)

Legal Last Name (if different from above) _____ SSN: _____

Phone # _____ Birth date _____ Birthplace _____

Email Address _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Will student be using school transportation? Yes ___ No ___

M ___ F ___ Race/Ethnic Two-Part Question: Please answer **both** questions. Part 1: Ethnicity: Hispanic or Latino Yes ___ No ___

Part 2: Race: American Indian or Alaska Native ___; Asian ___; Black or African American ___;

Native Hawaiian or Other Pacific Islander ___; White ___

School Last Attended _____ Address _____

City _____ State _____ Zip _____

Number of years attended _____ Current Grade Level _____

Has student ever attended an Arizona school? Yes ___ No ___

I am a legal resident of Camp Verde Unified School District Yes ___ No ___

FAMILY INFORMATION

Student lives with Parents ___ Mother ___ Father ___ Other ___

Who has legal Custody? Parents ___ Mother ___ Father ___ Other ___

Father's/Guardian's Name _____ Relationship _____ Home Phone # _____

Living with pupil? Yes ___ No ___ Divorced/Separated Yes ___ No ___

Occupation _____ Employer _____ Work Phone # _____

Mother's/Guardian's Name _____ Relationship _____ Home Phone # _____

Living with pupil? Yes ___ No ___ Divorced/Separated Yes ___ No ___

Occupation _____ Employer _____ Work Phone # _____

LIST OF ALL BROTHERS AND SISTERS OF SCHOOL AGE AND YOUNGER (Oldest first)

Name	Age	Grade	School	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MARK IF APPLICABLE

___ Special Education ___ Speech/Language Impairment ___ Gifted ___ English Language Learner ___ Title 1 Reading/Math
___ 504 Accommodations ___ Other (Explain) _____

I agree to be responsible for the text books furnished to my child by the school as provided by the laws and rules of the State Board of Education
Yes ___ No ___

Permission is granted to keep child on school grounds during hours unless parent or guardian gives written release for child to leave
Yes ___ No ___

Permission is granted for child to take class walks and field trips when adequate supervision is provided
Yes ___ No ___

EMERGENCY INFORMATION

Name of family physician _____ Phone # _____

In the event of illness or emergency, and parent/guardian cannot be reached, the following list of people are authorized to release pupil from school

First _____ Relationship _____ Phone # _____

Second _____ Relationship _____ Phone # _____

Third _____ Relationship _____ Phone # _____

HEALTH INFORMATION

	Yes	No		
Vision Problems	___	___	Wears Glasses/Contacts	Needs Exam
Hearing Problems	___	___	Wears Hearing Aid	Needs Exam
Convulsions	___	___	Medication	_____
Hyperactivity	___	___	Medication	_____
Asthma	___	___	Medication	_____
Allergies	___	___	Type of Allergies	_____
Daily Medicine	___	___		

Describe current problems, medication, restrictions, special instructions, surgery, accident, or illness in the past year.

Health Information will be shared with staff and administration on a need to know basis for the health and safety of your child; it will also be shared with emergency medical staff in the case of an emergency unless you notify us otherwise.

Occasionally your child may request Tylenol or Ibuprofen (non-aspirin), antacid, cough drop, throat lozenges, or topical ointments. This will not be given unless you indicate your approval by signing below. These medications will be given at the nurses' or health aide's discretion. I authorize the administration of Benadryl in the event of allergic reaction.

Child's name – please print _____ Parent/Guardian Signature _____ Date _____

HOME LANGUAGE INFORMATION

1. What is the primary language used in the home regardless of the language spoken by the student? _____
a. *¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que hable el estudiante?* _____
2. What is the language most often spoken by the student? _____
a. *¿Cuál idioma habla el estudiante con mayor frecuencia?* _____
3. What is the language that the student first acquired? _____
a. *¿Cuál fue el primer idioma que aprendió el estudiante?* _____

Signature of Parent/Guardian _____
Firma del Padre/Guardian _____

Date _____
Fecha _____



Camp Verde Unified School District

AUTHORIZATION TO RELEASE STUDENT INFORMATION

STUDENT NAME: _____ DATE: _____

DATE OF BIRTH: _____ GRADE: _____ SAIS ID #: _____

I hereby authorize the mutual exchange of confidential information regarding the student named above.

Last School Attended/School Transferring From: _____

INFORMATION REQUESTED TO BE SENT:

- | | |
|--------------|---------------------------------------|
| _____ | _____ Official/Unofficial Transcript |
| _____ | _____ Withdrawal Form |
| _____ | _____ Withdrawal grades |
| _____ | _____ Immunizations |
| _____ | _____ Birth Certificate |
| _____ | _____ Special Services File |
| _____ | _____ Athletic Physical, if available |
| _____ | _____ Standardized Test Data |
| Phone: _____ | _____ Medical Data |
| _____ | _____ Behavior |
| Fax: _____ | _____ Other _____ |

The above named student is transferring to:

_____ Camp Verde Elementary School – (928) 567-8060 - Fax: (928) 567-8063

_____ Camp Verde Middle School – (928) 567-8014 - Fax: (928) 567-8022

_____ Camp Verde High School – (928) 567-8041 - Fax: (928) 203-2601

_____ South Verde Technology Magnet – (928) 567-8076 - Fax: (928) 567-8093

Please send/fax the requested information to the following:

ATTEN: REGISTRAR
 CAMP VERDE DISTRICT REGISTRATION CENTER
 410 CAMP LINCOLN RD.
 CAMP VERDE, AZ. 86322
 PHONE #: 928-567-8011 FAX #: 928-567-8094

The records, if provided, shall be for the exclusive use of the above-named recipient and shall not be published or disseminated in any way unless said recipient obtains written permission of the undersigned. Parent or adult student may have access to pupil records to inspect their contents.

Authorized Signature: _____ Date: _____

_____ Parent _____ Legal Guardian _____ Adult Student

Registrar: _____ 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.

Camp Verde Unified School District #28
Impact Aid Program Survey Form
 The survey date is _____

STUDENT INFORMATION

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name	
Address			City		State	Zip Code
If the above property is a federal property, enter the name of the property.		Name of federal property				

PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN

Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States *and* 2) either parent/guardian with whom the student resided was employed on federal property, *or* 3) either the parent/guardian reported to work on federal property *on the survey date*. Enter the parent/guardian's name as it appears on the employer's payroll record.

Parent/Guardian's Last Name	First Name and M.I.	Name of Parent/Guardian's Employer			
Address of Parent/Guardian's Employer		City		State	Zip Code
Name of federal property					
Address of federal property		City		State	Zip Code

PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES

Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States *on the survey date*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
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PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and a foreign military officer *on the survey date*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
Name of Foreign Government			

PARENT/GUARDIAN EMPLOYMENT INFORMATION: FARMING, GRAZING, LUMBERING AND MINING

Enter information in this section if either the parent or guardian spent more than 50 percent of his or her working time on federal property (whether as an employee or self-employed) engaged in farming, grazing, lumbering or mining.

Parent/Guardian's Last Name	First Name and M.I.	Name of Parent's/Guardian's Employer			
Address of Parent/Guardian's Employer		City		State	Zip Code
Name of federal property		Address of federal property			
Permit Number	Township	Range		Section	

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act), and *may* be provided to the U.S. Department of Education *if* your school district's application for payment is audited. This form *must* be signed and dated for your school district to receive funds based on this information.

→ Signature of Parent/Guardian

→ Date

Camp Verde Unified School District
Electronic Information Services (EIS) Agreement
For Students in Compliance with Policy IJNDB and IJNDB-R

Each user of the EIS shall:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- Not use the network in any way that would disrupt the use of the network by others.
- Not use the EIS for commercial purposes.
- Follow the District's code of conduct.
- Not attempt to harm, modify, add, or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the electronic information services (EIS) and appropriate disciplinary action up to and including expulsion for students.

I understand the EIS Agreement.

Student Name (printed): _____

Student Signature: _____

Date: _____

Yavapai Library Network Agreement

Student Name _____

School Site _____

Camp Verde Unified School District has partnered with the Yavapai Library Network to provide our students' access to over 2 million books, materials and services available at all libraries throughout the Yavapai Library Network. In order for your child to participate in Interlibrary Loan you must agree to the YLN Universal Library Card Policy and Guidelines.

Please read the following carefully

- I agree to comply with all Library rules and regulations; to be responsible for materials borrowed from any Yavapai Library Network library with this card and for fees and fines incurred, including charges for lost and damaged Library materials; to give immediate notice of changes of address and loss of my Library card.

Whenever necessary, the Library uses the services of a collection agency to retrieve overdue materials. In the event of loss or damage to Library materials, or uncollected late fines or charges, I agree to pay all costs of collection, including but not limited to reasonable attorney's fees.

I understand that my card will be accepted at all Yavapai Library Network libraries and my patron information will be accessible to staff at those libraries.

- I wish for my student to **only** be allowed to check out books from the Camp Verde Unified School District Library.

Parent Name: _____

Parent Signature: _____

Date: _____

Proof of residency in Yavapai County: (School Use Only)

- Mail cancelled within the last month
- Utility bill
- Rent receipts
- Legal document
- Current ID from an educational institution affiliated with the Yavapai Library Network.

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

_____ Federally Recognized, State _____ Organized Indian Group
_____ Including Alaska Native _____ Recognized _____ Terminated _____ Meeting #5 of the
_____ Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): _____ Child _____ Child's Parent _____ Child's
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ OR

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.



Welcome to the Camp Verde Unified School District

Phone Numbers:

District Office (928) 567-8000

Registration Office (928)567-8011

www.campverdeschools.org

Camp Verde Elementary School Attendance

928-567-8061

Camp Verde Middle School Attendance

928-567-8014

Camp Verde High School Attendance

928-567-8041

South Verde Technology Magnet

928-567-8076

Transportation Office

928-567-8050 / 928-567-8051

Food Service/Cafeteria

928-567-8025

Special Education

928-567-8071

ELL Coordinator

Debbie Witt

928-567-8075

Camp Verde Unified School District
McKinney-Vento Residency Survey

Parents/Guardians,

Please complete one form per family.

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive. Eligibility must be reviewed and reevaluated every school year.

Student Name: _____ Birthdate: _____ Grade: _____ Male Female
Last First MI

Student Name: _____ Birthdate: _____ Grade: _____ Male Female
Last First MI

Student Name: _____ Birthdate: _____ Grade: _____ Male Female
Last First MI

Student Name: _____ Birthdate: _____ Grade: _____ Male Female
Last First MI

Student Name: _____ Birthdate: _____ Grade: _____ Male Female
Last First MI

1. Is the student and/or family housing situation a temporary living arrangement? _____ Yes _____ No

Where is the student(s) presently living? (Check one box.)

- Living temporarily with a friend or family in a house or apartment
- In a Shelter or Transitional Housing Program
- Hotel or motel
- Moving from place to place
- In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite
- Student is living with someone other than the legal parent/guardian
- With parents in own residence

Name of Parent(s) / Guardian: _____

Address: _____ Zip: _____ Phone: _____

Signature of Parent/Guardian: _____

=====



School use only: Please send to Liaison at District Office.

Liaison: I certify the above named student is eligible under the McKinney-Vento Act.

Date McKinney-Vento Liaison Signature

Please check (✓) services you have provided for the family:

- lunch Program
- school supplies
- enrollment documents
- clothes/hygiene
- in-district transportation
- after-school academic support
- other

**Distrito Unificado de Camp Verde
Encuesta de Residencia McKinney-Vento**

Padres/Guardianes,

Por favor, llene un formulario por familia.

Este cuestionario intenta dirigirse al Acto 42 de McKinney-Vento, U.S.C. 11435. Las respuestas a esta información nos ayudarán ofrecerles servicios y apoyo apropiados. Hay que evaluar la elegibilidad cada año.

Nombre del Estudiante: _____ Fecha de Nacimiento: _____ Grado: _____ Masculino Femenino
Apellido Primer Nombre

Nombre del Estudiante: _____ Fecha de Nacimiento: _____ Grado: _____ Masculino Femenino
Apellido Primer Nombre

Nombre del Estudiante: _____ Fecha de Nacimiento: _____ Grado: _____ Masculino Femenino
Apellido Primer Nombre

Nombre del Estudiante: _____ Fecha de Nacimiento: _____ Grado: _____ Masculino Femenino
Apellido Primer Nombre

Nombre del Estudiante: _____ Fecha de Nacimiento: _____ Grado: _____ Masculino Femenino
Apellido Primer Nombre

1. ¿La vivienda donde vive el estudiante y/o su familia es una situación de vivienda temporal? _____ Si _____ No

En este momento, ¿dónde vive el/los estudiante(s)? (Marque una caja.)

- Vive temporalmente con un amigo o familia en una casa o apartamento
- En un refugio o un Programa de Vivienda Transicional
- Hotel o pensión
- Trasladándose de un lugar a otro
- En un lugar normalmente no designado para dormir, como un carro, parque, o campamento
- El/la estudiante vive con alguien que no es el padre/guardián legal
- Con los padres en su propia residencia

Nombre de los Padres/Guardianes: _____

Dirección: _____ Código Postal: _____ Teléfono: _____

Firma del Padre/Guardián: _____



Solamente para uso Escolar: Please send to Liaison at District Office.

Liaison: I certify the above named student is eligible under the McKinney-Vento Act.

Date

McKinney-Vento Liaison Signature

Please check (✓) services you have provided for the family:

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> lunch Program | <input type="checkbox"/> clothes/hygiene | <input type="checkbox"/> other |
| <input type="checkbox"/> school supplies | <input type="checkbox"/> in-district transportation | |
| <input type="checkbox"/> enrollment documents | <input type="checkbox"/> after-school academic support | |