

2024-2025

Registration Packet



Union Elementary School District #62

3834 S. 91st Ave
Tolleson, Az 85353

District Office: 623-478-5005 Fax: 623-478-5006

Student Services: 623-478-5017 Fax: 623-478-5008

Hurley
Ranch
Elementary

3rd to 8th
8950 W. Illini Dr
Tolleson, Az 85353
623-478-5100
HR.Attendance@uesd.org

Union
Elementary
School

Pre-K to 2nd
3834 S. 91st Ave
Tolleson, Az 85353
623-478-5000
UES.Attendance@uesd.org

Dos Rios
Elementary

K to 8th
2150 S. 87th Ave
Tolleson, Az 85353
623-474-7000
DR.Attendance@uesd.org

District Boundaries

South of Buckeye Rd (MC 85), between 83rd Avenue and 99th Avenue.



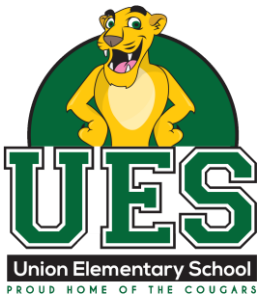
Dos Rios Elementary
2150 S 87th Avenue – K-8th grade

Between Buckeye and Lower Buckeye, 83rd Avenue and 91st Avenue.



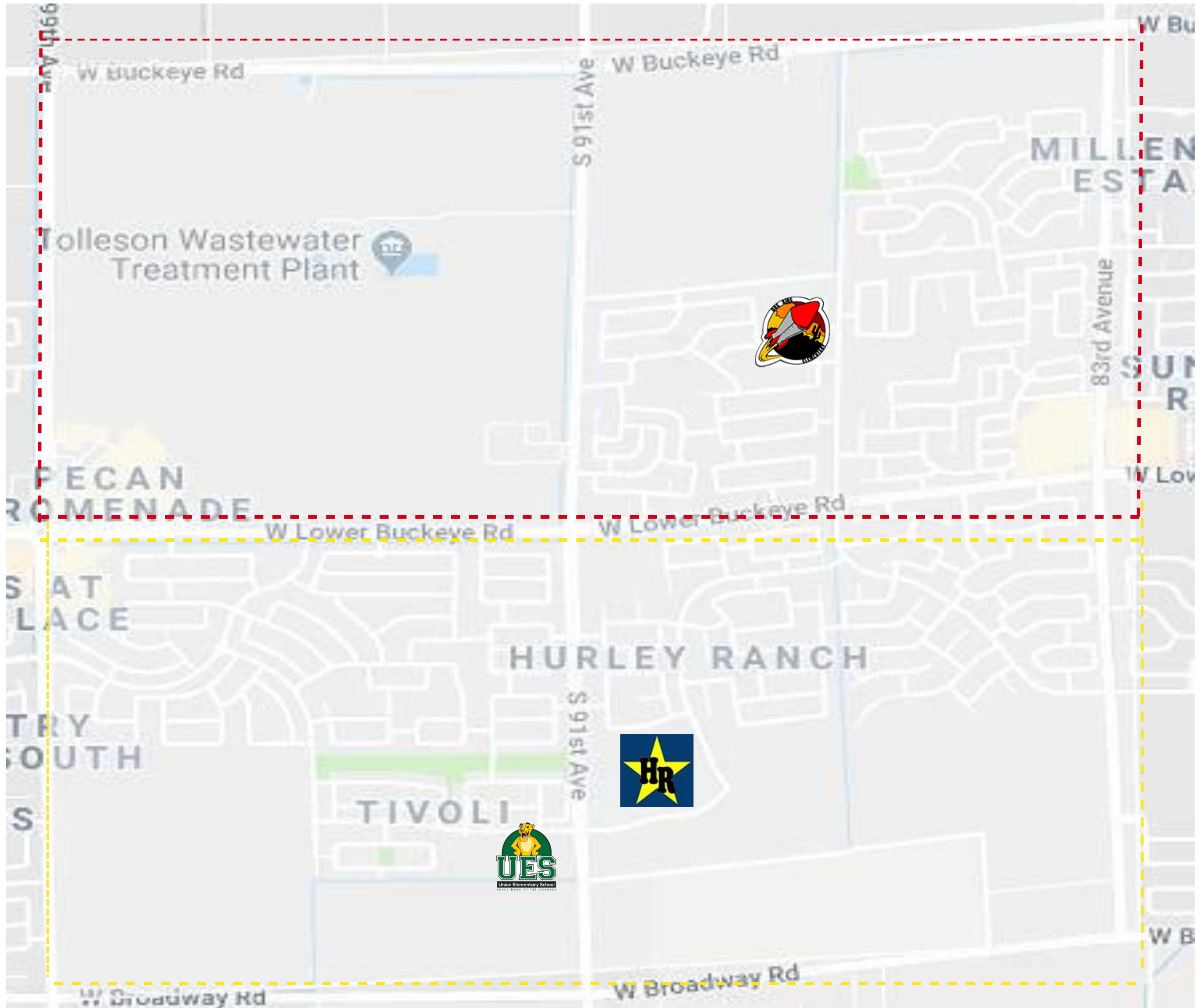
Hurley Ranch Elementary
8950 W Illini Dr – 3rd-8th grade

South of Lower Buckeye, between 83rd Avenue and 99th Avenue



Union Elementary
3834 S 91st Ave – PreK- 2nd grade

South of Lower Buckeye, between 83rd Avenue and 99th Avenue



Welcome to Union Elementary School District

REGISTRATION REQUIREMENTS

Student's Name _____

Date of Birth: _____

School Name _____

A Parent or Legal Guardian can register a student and must provide a PHOTO ID. The following information must be provided:

1. Proof of Residency Main: (Must be current within the last 30 days)
_____ Mortgage Purchase Statement or Rental/Lease Agreement
_____ SRP/APS Electric Bill displaying parent name and address
_____ Southwest Gas Bill displaying parent name and home address
_____ Water Bill displaying parent name and home address
*District guidelines for Proof of Residency have been established and will be adhered to for all students. <u>Proof of Residency documentation must be renewed each year.</u>
And
2. Proof of Residency Secondary: (Must be current within the last 30 days)
_____ Telephone Bill displaying parent name and home address
_____ Doctor's Bill displaying parent name and home address
_____ Bank or Credit Card Statement displaying parent name and home address
_____ Car insurance displaying parent name and home address
3. Notarized Form
Please Note: If living with another family in the district, a Notarized Form must be completed along with Proof of residence listed above from the resident. Parent/Guardian must also provide Proof of Residence within 30 days of students start date.
4. Guardianship Paperwork (If applicable)
Please Note: The assigned legal guardian must register the child and provide court appointed custody documentation.
5. Immunization Record
Must have up to date records
6. Birth Certificate
_____ Must be a Certified Birth Certificate from the Vital Statistics of the state child was born in, not a hospital certificate
7. Withdrawal Form and/ or Report Card from previous school

☐

Complete Registration

A faxed or mailed enrollment packet cannot be accepted. Parent or Legal Guardian must complete the enrollment process in person. Only completed registration packets will be accepted.

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School

Student Information 2024-2025

For Office Use Only	Date entered into synergy
Perm ID #	
State ID #	
Entered Date:	
Enter Code:	

Student

Legal Last Name: _____ First: _____ Middle: _____

Gender: ☐ M ☐ F

Grade: ☐ PS ☐ KG ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th

Date of Birth: ____/____/____
Month Day Year

Name Student Goes by: ____/____
(if different from legal name) (Last) / (First)

State of Birth: _____

Country of Birth: ☐ USA ☐ Other: _____

Ethnicity: Hispanic/Latino ☐ NO ☐ Yes

Race: ☐ White ☐ Black/African American ☐ Asian ☐ American Indian or Alaskan Native ☐ Pacific Islander

Does your child claim any tribal affiliation? ☐ Yes ☐ No (if yes complete form 506) Tribal Name: _____

Last School Attended: _____ District: _____ State: _____

Was last school attended? ☐ Public ☐ Charter ☐ Indian Reservation School ☐ Private ☐ Home Schooled

Has Student ever attended school in Arizona? ☐ No ☐ Yes

Has your Student ever attended a Union Elementary District School? ☐ NO ☐ Yes School: _____

Has Student ever been expelled or is student in the process of being expelled? ☐ NO ☐ Yes

Has Student ever received:

Special Education Services? ☐ No ☐ Yes

Gifted Services? ☐ No ☐ Yes

ELL or Bilingual services? ☐ No ☐ Yes

List the name of all brothers and sisters of this student from preschool through grade 8:

	Name	Grade	School
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Responses to these statements will be used to determine whether your child will be assessed for English Language Proficiency.

What is the primary Language used in the home regardless of the language spoken by the student?

☐ English ☐ Other language: _____

What is the language most often spoken by the student?

☐ English ☐ Other language: _____

What is the language that the student first acquired?

☐ English ☐ Other language: _____

Court Ordered Custody Information (Documentation Required)

Custody of Student: ☐ Joint ☐ Mother ☐ Father ☐ DCS

☐ other _____

District honors all current court orders or decrees pertaining to custody situations. No other form of custody is accepted. It is the responsibility of adults having custody to submit to the school a current certified copy of the effective court order or decree.

Parent/Guardian Signature: _____ Date: _____

Student (s) Primary Address- Address where the student(s) live on most schooldays:

Home Address: _____ Apt. _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

(if different than home address)

Parent(s) or Legal Guardian(s)	Parent/ Guardian Information		
	1.) Relationship to student <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> other: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Lives with enrolling child <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Last Name _____ First Name: _____ Date of Birth: _____ Address: _____ City: _____ Zip Code: _____ (if different than student's primary address)		
	Cell Phone: _____ Landline: _____ Email: _____ Employer: _____ Work Phone: _____ Ext: _____		
	2.) Relationship to student <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> other: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Lives with enrolling child <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Last Name _____ First Name: _____ Date of Birth: _____ Address: _____ City: _____ Zip Code: _____ (if different than student's primary address)		
	Cell Phone: _____ Landline: _____ Email: _____ Employer: _____ Work Phone: _____ Ext: _____		
	3.) Relationship to student <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> other: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Lives with enrolling child <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Last Name _____ First Name: _____ Date of Birth: _____ Address: _____ City: _____ Zip Code: _____ (if different than student's primary address)		
	Cell Phone: _____ Landline: _____ Email: _____ Employer: _____ Work Phone: _____ Ext: _____		
	4.) Relationship to student <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> other: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Lives with enrolling child <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Last Name _____ First Name: _____ Date of Birth: _____ Address: _____ City: _____ Zip Code: _____ (if different than student's primary address)		
	Cell Phone: _____ Landline: _____ Email: _____ Employer: _____ Work Phone: _____ Ext: _____		

Day Care Provider – List the provider who can pick up your child after school:

Day Care Provider Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Emergency Contacts- List individuals other than parent(s)/Guardian(s) who can visit and pick up student:

1.) Name: _____ Relationship to student: _____

Cell phone: _____ Work Phone: _____ Landline: _____

2.) Name: _____ Relationship to student: _____ Cell phone: _____

_____ Work Phone: _____ Landline: _____

3.) Name: _____ Relationship to student: _____ Cell phone: _____

_____ Work Phone: _____ Landline: _____

Additional contact, if needed, may be provided to the school office.

Parent/Guardian Signature: _____ Date: _____



**Arizona Department of Education
Arizona Residency Documentation Form**

Student Name _____ **School** _____

School District or Charter Holder: _____

Parent/Legal Guardian Name: _____

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 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 tribes in Arizona.
- _____ Documentation from state, tribal or federal government agency (Social Security Administration, Veterans Administration, Arizona Department of Economic Security)
- _____ 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 attest that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

*For members of the armed services, the provisions of verifiable documentation does not serve as a declaration of the official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



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 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 authorization card
- ___ Real estate deed or mortgage documents
- ___ Property tax bill
- ___ Residential lease/rental agreement
- ___ Water, electric, gas, cable, or phone bill
- ___ Bank credit card statement
- ___ W-2 wage statement
- ___ Payroll stub
- ___ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe.
- ___ 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: _____

Acknowledgment

State of Arizona

County of _____

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

Notary Public

My Commission Expires:

UNION ELEMENTARY SCHOOL DISTRICT #62

**AUTHORIZATION AND PERMISSION TO RELEASE MEDICAL, EDUCATIONAL AND/ OR SPECIAL
EDUCATION RECORDS**

Student: _____ DOB: _____ Grade: _____

Previous School Attended: _____

Address (Previous School): _____

City/State/Zip (Previous School): _____

Phone Number (Previous School): _____

Fax Number (Previous School): _____

In compliance with the Family Education Rights and Privacy Act of 1974, I authorize the release of my child's school records, including gifted, educational, medical, and social or special education information to the Union Elementary School District.

Parent/Guardian's name: _____

Signature: _____ Date: _____

Relationship to child: _____

**PLEASE SEND RECORDS, EXCEPT SPECIAL EDUCATION RECORDS, TO THE
FOLLOWING SCHOOL:**

[☐] **Dos Rios** 2150 S. 87TH Ave. Tolleson, AZ 85353 623-474-7010 Fax: 623-936-9253
Email: DR.attendance@uesd.org

[☐] **Union** 3824 S. 91st Ave. Tolleson, AZ 85353 623-478-5000
Email: UES.attendance@uesd.org

[☐] **Hurley Ranch** 8950 W. Illini Dr. Tolleson, AZ 85353 623-478-5100 Fax: 623-742-9625
Email: HR.attendance@uesd.org

**PLEASE SEND ALL SPECIAL EDUCATION RECORDS FOR ALL OF THE ABOVE
SCHOOLS TO:**

[☐] **Union Elementary School District #62**
Attn: Student Services
3834 S. 91st Ave. Tolleson, AZ 85353
623-478-5017 Fax: 623-478-5009

[☐] My child is currently receiving special education services in the following area(s):
[☐] Special Education Resource
[☐] Special Education Self-Contained
[☐] Speech



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 01-2020)

Union Elementary School District #62

Dear Parent/Guardian,

School attendance is not only a good habit; state law requires it. Arizona State Law (15-802.A, 15-803.E) requires every person who has custody of a child between the ages of six and sixteen years shall make sure the child attends school for the full time school is in session unless unable to attend due to illness or another legitimate reason.

To encourage and improve school attendance, **Union Elementary School District** has implemented a truancy program in partnership with Maricopa County Juvenile Court. This truancy program is called C.U.T.S. (Court Unified Truancy Suppression). We will be tracking attendance very closely. Your child is expected to be at school every day, unless there is an excused reason not to be. An absence is defined as a minimum of one missed class period per day. An unexcused absence will count as a truant day as defined by law. A student is **“habitually truant”** if he/she has **five or more unexcused absences** from school. A student that is **absent more than ten percent (18 days)** of the required number of school days per year is considered to have **“excessive absences” whether the absence is excused or unexcused.**

When a student has **five** or more unexcused absences or **19** excessive absences (excused OR unexcused), the student can be cited to the CUTS Program through the Juvenile Court. The hearing will be held on the school campus with representatives from school and the Juvenile Court. A parent or legal guardian must be present with the student at the time of the hearing. Consequences at the hearing may include the following: required attendance of the parent and the child at an education class (to be held on Saturdays), work hours assigned to the child, counseling, etc. The parent will be assessed a \$50 Diversion fee. Failure to complete these consequences may result in suspension of your child’s driver’s license, or inability to get a driver’s license until their 18th birthday and/or formal court proceedings. It is the parent’s/ guardian’s responsibility to ensure their child’s attendance in an approved academic setting. If you fail to take the necessary steps to provide your child with appropriate education you may receive a citation. If convicted, it is a Class 3 misdemeanor punishable by jail time and/or fine.

The education of your child is extremely important to us. This program is another way that our schools are working with the community to ensure a quality education for all students. If you have any questions or concerns, please feel free to contact your school attendance officer.

Thank you for your support regarding this program.

Please Sign and date acknowledging that you have received this notification of the C.U.T.S. program. Please return this form to your school attendance officer.

Student Name: _____

Date: _____

Parent/Guardian Signature: _____

Photo & Video Release Form

Student Name:	Parent/ Guardian Name:
Student Address:	Phone Number:
City, State, Zip Code:	

Background: During the school year students, may be photographed, recorded or filmed by Union Elementary School District staff or other approved individuals, including the news media, while participating in school programs and activities. Students may also create schoolwork and/or other intellectual property, such as artwork, essays, and poetry (“creative work”) as part of the educational process.

Purpose: The purpose of this Photo and Video Release Form is to identify those families who do not consent to give the Union Elementary School District permission and authority to use and/or publish you and/or your child’s name, image, and/or creative works to further the district’s educational mission. The district is asking that all parents/guardians sign and return this form. If you do not sign or return this form, the district will assume you are granting permission to participate in pictures, videos or other promotional opportunities.

Consent and Release: The district may use, release, and/or publicize my and/or my child’s name, image (in any form), and creative work through any medium whatsoever, including, but not limited to, the internet, written publication, and broadcast for any educational, editorial, promotional, business or other purpose without prior notice or compensation. The district may exercise its rights as it deems appropriate for its productions, for advertising, and for other purposes. By signing below, I intend for the district to rely upon this Release; and I agree to release, not to sue, and to indemnify and hold the district harmless for, from and against any and all injuries, claims, demands, damages, actions, causes of action, suits or judgments of any kind or nature whatsoever (including attorneys’ fees and other costs in the defense of any such claim or suit) brought by myself or on behalf of myself or my child as a result of any claim, loss, damage, or injury to any persons or property arising out of or in any way relating to any action, inaction, or participation in any video or photographic production of the district.

☐ I do consent to the above

☐ I do not consent to the above.

☐ I do not consent to the above; however, I do grant permission for my child’s photograph to be included in the school yearbook.

Student Name

Date

Parent/Guardian Name (Please print)

Parent/Guardian Signature

Date

E-31

U.S. Department of Education
Office of Indian Education
Washington, DC 20202
Title IX Student Eligibility Certification
Elementary and Secondary Education Act, Title IX, 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 from the Act 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 which contains at least the child's name, the name of the tribe, band or group, and your dated signature, your child cannot be counted by the school for funding under the Act. This form will become part of your child's school record and will not need to be completed every year. The information on this 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 tribes, bands, or groups terminated since 1940, and those recognized by the State in which they 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, Including Alaska Native	_____ State Recognized	_____ Terminated	_____ Organized Indian Group 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:

A. Membership or enrollment number _____ or

B. 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 _____

School Messenger Parent Contact Information

Due to recent changes in FCC regulations, we will now be required to acquire permission to contact phone lines using school messenger. **Emergency Messages, School Closing information and Attendance notifications will not be affected by these changes.** If you have customized your message delivery of these types of messages in the past those custom settings will remain.

If you prefer to have general messages delivered by phone and/or text messaging, you may complete this *School Messenger Parent Contact Information* form and indicate to which phone number(s) you would like this type of message delivered. You may also use this form to change any of the other types of message to different formats of delivery. If you are satisfied with settings as they exist, completing the form will not be necessary. Should you decide to change any of these settings in the future, this form will be available at the school and on the school system's website.

Up to four numbers may receive phone notifications. Emails may be sent to two email accounts and text messages may be sent to two cell phone numbers. This form allows for the customization of notification settings for the individual needs of your family. School Messenger uses the emergency contact information that you provided to your child's school*. We require that at least one phone be listed to receive emergency messages. If not otherwise specified, this will be Phone 1. By default, parents will receive emergency messages on all phone numbers listed. Delayed Opening \ School Closings and attendance information will only be sent to Phone 1 unless otherwise requested below.

Please note: While School Messenger is a service provided free to parents by our school system, there may be airtime and/or text messaging charges from your cell phone provider to receive these services.

Student Name: _____ (Last, First)		Messages that you would like to receive at each phone, email account or text message. Please check all that apply.											
School: _____ Grade: _____		Emergency	Non-School Hour Emergency	Delayed Opening & School Closings	Attendance	General Messages	Secure Document Delivery						
Phone numbers, email addresses and text messaging numbers through which you would like to receive Union Elementary School District messages.													
Phone 1								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phone 2								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phone 3								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phone 4								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Email 1								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Email 2								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Text 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Text 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

* The information in School Messenger is pulled directly from our student information database at the school. If no changes are made to this form, then calls will use default settings for messages and are mapped as follows:

Phone 1 = Guardian 1 Home phone
 Phone 2 = Guardian 1 Cell phone
 Phone 3 = Guardian 2 Home Phone
 Phone 4 = Guardian 2 Cell Phone

☐ I give my permission to be called by Union Elementary School District #62 using automated dialing equipment on the phone numbers listed above:

Parent/Guardian name (Please Print)

Parent/Guardian signature

Date

This completed form should be returned to your child's school.

Emergency Medical Information 2024-2025

(For use in the Nurse's Office) IN ORDER TO PROTECT THE WELFARE OF YOUR STUDENT PLEASE
ADVISE THE NURSES OFFICE OF ANY CHANGES IMMEDIATELY

_____ Last Name of Student	_____ First Name	_____ M.I.
_____ Date of Birth	_____ Teacher	_____ Grade
_____ Address		_____ Home Phone

Parent/Guardian Information: PLEASE NOTIFY THE SCHOOL OF ANY CHANGES IMMEDIATELY

☐ Father ☐ Stepfather ☐ Guardian

Name _____
Work phone _____ Cell
phone _____

☐ Mother ☐ Stepmother ☐ Guardian

Name _____
Work phone _____
Cell phone _____

Student's Medical History (Check all that apply) It is important that this information be provided.

<input type="checkbox"/> Asthma *****	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Other (explain)
<input type="checkbox"/> Multiple sclerosis	<input type="checkbox"/> Scoliosis	_____
<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Chicken pox @ what age	_____
<input type="checkbox"/> Glasses/contact lenses	<input type="checkbox"/> Heart conditions	_____
<input type="checkbox"/> Muscular dystrophy	<input type="checkbox"/> Tuberculosis (T.B.)	_____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Chronic ear infections	
<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Hepatitis	
<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Depression	
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Hemophilia	

**** IF ASTHMA IS CHECKED YOU MUST ** **leave a rescue inhaler with the Nurse's Office****

Daily medication and reason: _____

Allergies: (list any allergies to food/medication,etc.) _____

Permission to receive these medications at school: (Circle yes or no)

Yes No - Anti-itch skin cream (i.e. Calamine, hydrocortisone)

Yes No - Eye drops (i.e. Visine)

Yes No - Generic Advil/Motrin (Ibuprofen)

Yes No - Generic Tylenol (Acetaminophen)

Emergency Contacts: If the student is unable to remain at school due to illness or injury, the parent/guardian will pick up the student or give the school permission to release the student to the emergency contact/s listed below. If no one can be reached, authorization is hereby given to any hospital or medical professional to render immediate aid as might be required at the time, for the student’s health and safety, at the expense of the parent. It is also understood that if no one is available because of an inaccurate or disconnected phone number or there is no answer, it may be necessary to contact the police or Child Protective Services for the well being of the student.

X _____
Signature of parent or guardian Date

(Emergency contacts other than parent/guardian)

Name/Relationship/Phone _____

Name/Relationship/Phone _____

Name/Relationship/Phone _____

Please list the first and last names of all brothers and sisters that attend Union Elementary School District #62

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

INFORMATION FOR PARENTS



IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING SITUATIONS:

In a shelter



In a motel or campground due to the lack of an alternative adequate accommodation



In a car, park, abandoned building, or bus or train station



Doubled up with other people due to loss of housing or economic hardship

Your school-age children may qualify for certain rights and protections under the federal McKinney-Vento Act.

Your eligible children have the right to:

- Receive a free, appropriate public education.
 - Enroll in school immediately, even if lacking documents normally required for enrollment.
 - Enroll in school and attend classes while the school gathers needed documents.
 - Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is your preference.
- * If the school district believes that the school you select is not in the best interest of your children, then the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.
- Receive transportation to and from the school of origin, if you request this.
 - Receive educational services comparable to those provided to other students, according to your children's needs.

If you believe your children may be eligible, contact the local liaison to find out what services and supports may be available. There also may be supports available for your preschool-age children.



Local Liaison

Raquel Gutierrez
623 478-5017

State Coordinator

Rita Rodriguez
602 542-4963

If you need further assistance with your children's educational needs,
contact the National Center for Homeless Education:
1-800-308-2145 * homeless@serve.org <http://nche.ed.gov>

Union Elementary School District
McKinney-Vento STUDENT RESIDENCY QUESTIONNAIRE
2024-2025

This form is intended to address the requirements of 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.

Name of Student: _____
Last First Middle

Birth Date: ____/____/____ Age: ____ Male ☐ Female ☐
Month Day Year

School: ☐ Union ☐ Hurley Ranch ☐ Dos Rios Grade: ____ Enrollment Date: ____

Address: _____ Zip: _____ Phone: _____

1. Is your current address a temporary living arrangement? Yes _____ No _____

2. If it is a temporary living arrangement, is it due to loss of housing or economic hardship? Yes _____ No _____

If you answered NO to either question 1 or 2, STOP HERE and sign at bottom of page.

If you answered YES to both questions 1 and 2, please COMPLETE the remainder of this form.

Presently where is the student living?

- ☐ Temporarily living with another family in a house or apartment
- ☐ In a shelter
- ☐ In a motel/hotel, car or campsite
- ☐ With friends or family members (other than parent/guardian)
- ☐ In another location that is not appropriate for people (e.g., an abandoned building)
- ☐ Other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices)

The student lives with: (check all that apply)

- ☐ Parent/legal guardian
- ☐ A family member
- ☐ An adult who is not the parent/legal guardian
- ☐ No adult; student is unaccompanied youth

PLEASE SIGN

Name of Mother/Father Signature Today's Date

Legal Guardian Signature Today's Date

DISTRICT OFFICE USE ONLY

Date Received at DO _____
Date entered in DO Spreadsheet _____

☐ Program Status in Synergy
☐ Free Lunch Status in Synergy

☐ Student Rights Sent Home

ESEA (Title I) Income Eligibility

The Arizona Department of Education provides the following FY 2024 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines based on the attached **ESEA (Title I) Income Eligibility Guidelines** schedule?

Indicator 1 ☐

Indicator 2 ☐

No ☐

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, worker's compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

Child's Name

Name of School

Grade

I hereby certify that all the above information is true and correct.

Parent/Guardian Signature _____ Date: _____

These survey forms should be retained by the school or LEA and kept on file for a period of 5 years.

ESEA (Title I) INCOME Eligibility GUIDELINES

July 1, 2023- June 30, 2024

Income Eligibility 1

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	18,954	1,580	790	729	365
2	25,636	2,137	1,069	986	493
3	32,318	2,694	1,347	1,243	622
4	39,000	3,250	1,625	1,500	750
5	45,682	3,807	1,904	1,757	879
6	52,364	4,364	2,182	2,014	1,007
7	59,046	4,921	2,461	2,271	1,136
8	65,728	5,478	2,739	2,528	1,264
Each Additional Member Add:	+6,682	+557	+279	+257	+129

Income Eligibility 2

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each Additional Member Add:	+9,509	+793	+397	+366	+183

Note:

If all income is received on the same schedule

Example: alimony = \$100 / month & pension = \$300 / month

DO NOT use conversion factors

If family reports income sources from more than one schedule

Example: alimony = \$100 / month & pension = \$300 / week

Income **MUST** be converted to yearly.

Yearly Income = Monthly	x 12
Yearly Income = Twice Per Month (Bi-Monthly)	x 24
Yearly Income = Every Two Weeks (Bi-Weekly)	x 26
Yearly Income = Week	x 52

DO NOT round the values resulting from each conversion

