

PEACH SPRINGS ELEMENTARY SCHOOL
 403 DIAMOND CREEK RD. P.O. BOX 360 PEACH SPRINGS Az.
 PHONE: (928) 769-2613 FAX (928) 769-2892
NEW STUDENT REGISTRATION 2014/2015

Date: _____

Student's Legal Name (as is on birth certificate)

Date of birth: _____

_____ Last name first name middle name
 Sex: M/F Ethnicity: Am. Indian Asian ___ Black ___ Hispanic ___ Other ___

Place of Birth _____ Social Security# _____
 Include city and state

**LEGAL CUSTODY IS WITH: _____

Physical address _____ Mailing address _____

| FAMILY | FULL NAME: | Child lives with | Place of work | Cell phone | Home phone | Work phone |
|------------------|------------|------------------|---------------|------------|------------|------------|
| FATHER | | | | | | |
| MOTHER | | | | | | |
| STEP-parent | | | | | | |
| Legal guardian | | | | | | |
| Foster parent(s) | | | | | | |
| Other | | | | | | |

PLEASE LIST EMERGENCY CONTACTS

| FULL NAME: | Kinship | Physical address | Place of work | Cell phone | Home phone | Work phone |
|------------|---------|------------------|---------------|------------|------------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Is your child receiving SPED services? yes no

Does your child have an IEP? yes no

What is the first language this student learned? _____

What language does the student speak most often? _____

What language does the family use most often? _____

Last school attended: _____ Date of withdrawal _____ Grade _____

Has this student been retained: yes no if yes what grade _____

_____/_____
 Parent/guardian signature date

Peach Springs USD Parent/Guardian-Teacher Partnership Compact 2014/2015

Staff Commitment: To help each student meet or exceed the state's high academic standards, I agree to carry out the following responsibilities to the best of my ability:

- Provide high-quality curriculum and instruction.
- Communicate regularly with families about student progress through conferences, parent-teacher meetings, progress reports, and additional means.
- Provide reasonable opportunities for parents to volunteer and participate in their child's class.
- Inspire and motivate my students to learn.
- Maintain high expectations and help *every child* develop a love of learning.
- Respect the school, students, staff, and parents/guardians.

Student Commitment: To help myself succeed in school, I agree to carry out the following responsibilities to the best of my ability:

- Come to school on time ready to learn and work hard every day.
- Bring necessary materials, completed assignments, and homework.
- Know and follow school, bus, and class rules.
- Ask for help when I need it.
- Communicate regularly with my parents and teachers about school experiences so that they can help me be successful in school.
- Limit my TV watching and instead study or read every day after school.
- Respect the school, classmates, staff, and my parents/guardians.

Parent/Guardian Commitment: To help my child meet or exceed the state's high academic standards, I agree to carry out the following responsibilities to the best of my ability:

- Communicate the importance of education and learning to my child.
- Provide a quiet time and place for homework.
- If applicable, communicate the significance of bus rules.
- Read to my child or encourage my child to read every day (20 minutes for grades K-3, and 30 minutes for grades 4-8).
- Ensure that my child attends school every day, is on time (before 7:45 a.m.), is in uniform, gets adequate sleep, has proper hygiene, receives regular medical attention, and proper nutrition.

Student

Teacher

Parent/Guardian

Date

**PEACH SPRINGS ELEMENTARY SCHOOL
HEALTH SURVEY
2014/2015**

Student's name _____ date of birth _____ Grade _____ male/female
Gender

This form is being completed by: _____ / _____ / _____

Please check and list if your child has had any of the following:

Is your child a diabetic? Type 1 _____ Type 2 _____

Is your child an epileptic? Yes _____ No _____

Allergies

- foods _____
- Animals _____
- Insects _____
- Medication _____
- Plants _____
- Other _____

Diseases

| | |
|----------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Read measles (10 day) |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella (German 3 day) |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Ear infection | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Bladder infection |
| <input type="checkbox"/> Infection | <input type="checkbox"/> Seizures or convulsions |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Other _____ |

Other

| | | |
|-------------------|--------------|----------------------|
| Broken bones | ___No ___Yes | Please specify _____ |
| Serious accidents | ___No ___Yes | Please specify _____ |
| Operations | ___No ___Yes | Please specify _____ |
| Hospitalizations | ___No ___Yes | Please specify _____ |

Vision

Does your child wear glasses? ___No ___Yes
 Does your child have trouble seeing? ___No ___Yes
 Date of last vision examination: _____

Hearing

Has your child had a hearing exam? ___ No ___Yes
 Date of last hearing examination: _____

Physical limitations

Does your child have any physical activity restrictions? ___No ___Yes
 If yes – type of restriction _____



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.

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

SCHOOL YEAR: 2014/1015

Dear Parents,

Please fill in the information below and return this school. If someone comes to school to pick up your child (children) and they are **NOT** listed on this form, we will not release your child. Additionally, if you do not return this form to the school, we will not release your child except to you and the person you have previously listed on the emergency information form. If there is a matter of **NON-CUSTODIAL parent(s)** will **NOT** be allowed to pick up your child, please attach a copy of the Court order with this form.

Please check if it applies to your child, if yes please bring in current court order

child is in foster care with: _____

court order order of protection shared custody

STUDENT: _____

I authorize the following people to check in or out my child from school:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

If there are changes to this, please come in and WRITE in the changes.

_____/_____
Parent/guardian signature date

Student User Agreement Network and Computer Acceptable Use Policy

The PSUSD Network is provided for students to conduct research and communication for academic purposes only as determined by curriculum and staff. Access to network services is provided to students who agree to act in a considerate and responsible manner. Access is a privilege, not a right, and entails responsibility. Students are responsible for appropriate behavior/communication on school computer networks, just as they are in classrooms or school buildings.

Student files and folders may be reviewed to maintain system integrity and ensure responsible use of the Internet. IT Staff and/or building oversight personnel may request a search history of websites visited to ensure that such use meets the District intent as a tool for academic purposes. Files stored on District servers are NOT private.

Communications are public and often uncensored and students may come in contact with material that is controversial or inaccurate from all around the world. The District has that are no control over the nature or content of information from other computer systems and disclaims any responsibility to exercise such control. The District is also not responsible for the accuracy or appropriateness of information retrieved, or for lost, damaged or unavailable information. Parents may revoke their students' Internet/E-mail privileges at any time by notifying the school in writing.

The following are NOT permitted:

1. Submitting, publishing, displaying or knowingly retrieving any slanderous, obscene, profane, sexually offensive, threatening, racially offensive, or illegal material.
2. Harassing, bullying, insulting or attacking others, including the use of obscene language.
3. Hacking and other forms of security breaches that are intentional and directed at harming, destroying, copying, viewing, distributing, modifying or any other alteration to data and software applications that are property of PSUSD. In other words, HACKING is NOT allowed. This includes acts that purposely circumvent District-installed filters, firewalls, anti-virus, or anti-spying software.
4. Using and sharing personal passwords, or trying to bypass the Network and Internet security.
5. Violating copyright laws, including plagiarism and downloading of music, video, or program files.
6. Providing personal information such as names, addresses, and telephone numbers of themselves or others without prior written permission.
7. Uploading, downloading, or installing of any program without prior written permission from District administration. This includes launching programs and operating systems from personal electronic devices.
8. Viewing, modifying, adding, or deleting another person's files, folders, or work.
9. Employing the Network for commercial or for-profit purposes, or for personal gain.
10. Accessing any non-school-sanctioned electronic communication such as outside email, chat rooms social networking sites (Facebook, My Space, etc.).

Violating the AUP agreement may result in the following, but NOT limited to:

1. Loss of access to the Network and/or Internet resources.
2. Disciplinary action including suspension and/or expulsion.
3. When applicable, law enforcement agencies will be involved.

Online Safety Pledge

I want to use the computer and the Internet. I understand that there are certain rules about what I should do online. I agree to follow these rules:

1. I will not give my name, address, telephone number, school, or my teachers'/parents' names, addresses, or telephone numbers, to anyone I meet on the Internet.
2. I will not give out my email password to anyone (even my best friends) other than my teachers/parents.
3. I will not send a picture of myself or others over the Internet without my teachers'/parents' permission.
4. I will not fill out any form or request online that asks me for any information about my school, my family, or myself without first asking for permission from my teachers/parents.
5. I will tell my teachers/parents if I see any bad language or pictures on the Internet, or if anyone makes me feel nervous or uncomfortable online.
6. I will never agree to get together with someone I "meet" online without first checking with my teachers/parents. If my teachers/parents agree to the meeting, I will be sure that it is in a public place and that I am accompanied by an adult at all times.
7. I will not use any articles, stories, or other works I find online and pretend it is my own.
8. I will not use bad language online.
9. I will practice safe computing, and check for viruses whenever I borrow a disk from someone, download something from the Internet, or receive an attachment.
10. I will be a good online citizen and not participate in any activity that hurts others or is against the law or my school's policy.

Student's Signature

Date

Parent's Signature

Date

Teacher's Signature

Date