

Information/Documents Required for Enrollment

Only the parent/legal guardian is allowed to enroll a student in a Glendale Elementary School. Parents/legal guardians must provide the following documents:

- **Verification of residency**
- **Health records**
- **Birth certificate or another legal document**
- **Withdrawal form from previous school**
- **Custody papers, if applicable**
- **Completed enrollment packet**

It is NOT the enrolling school's responsibility to request or locate these documents for you. If these items are not presented during enrollment, the start date for your child will be delayed.

1. Verification of Residency – Glendale Elementary School District requires parents or legal guardians of a new or re-enrolling student to present one of the following documents as proof of address in the School's attendance area at the time of enrollment. The document must display the parent/guardian's name and residential address or physical description of the property where the student resides.
 - a. Valid Arizona driver's license, Arizona identification card or motor vehicle registration
 - b. Valid Arizona Address Confidentiality Program authorization card
 - c. Real estate deed or mortgage documents
 - d. Property tax bill
 - e. Residential lease or rental agreement
 - f. Water, electric, gas, cable, or phone bill
 - g. Bank or credit card statement
 - h. W-2 wage statement
 - i. Payroll stub
 - j. Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
 - k. Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
 - l. Temporary on-base billeting facility (for military families)

IF parents or legal guardians are unable to provide any of the above documents, the State of Arizona Affidavit of Shared Residence must be completed and notarized. Please see Office Staff for the form.

2. Health Records – If immunization records are not produced at the time of registration, State law prohibits the student from entering school until the information is physically provided to the School.
 - a. AZ Lifetime Immunization Record Booklet
 - b. Signed and dated Arizona School Immunization Record (ASIR 109R)
 - c. Out of state School Records which have been signed and dated by the school office
 - d. Doctor/Hospital Records
 - e. Arizona State Immunization Information System (ASIIS)
 - f. Children's Health Information Program (CHIP) software, following requirements of ASIR 109R
3. A.R.S. 15-828 – State laws now require the Parents/Legal Guardians of the child you are registering to provide one of the following items to the school:
 - a. Birth Certificate (original)
 - b. Baptismal Record (original)
 - c. Refugee Card
 - d. Passport
 - e. D.E.S. or Court Papers assigning custody
4. Withdrawal form and/or Report Card from the last school attended.
5. Custody Papers – Divorced, Separated, or other legal guardians are responsible for providing us with the necessary legal custody papers. Powers of Attorney need to be notarized and submitted to the school's office every 6 months.

Help us to protect your child by submitting the appropriate documentation.

Glendale Elementary School District
7301 N 58th Avenue
Glendale, AZ, 85301

ENROLLMENT FORM
** PLEASE PRINT **

FOR OFFICE ONLY	
School Name _____	_____
Enter Date _____	Enter Code _____
Student Number _____	Grid Code _____
Grade _____	Teacher Name _____
Bus In _____	Room # _____
Bus Out _____	_____
AZ SAIS ID Number _____	_____
Data Entry Date: _____	By Whom: _____

Student's Legal Last Name (As it appears on legal document) _____ First Name _____ Middle Name _____

Generation (Example Jr, III) _____ Gender: Male Female Date of Birth _____

Birth Place _____ City _____ State _____ Country of Birth USA Other _____

Ethnicity: **(Check One)** Hispanic or Latino Not Hispanic or Latino

Race: **(Check all that apply)** White Black Asian Native Hawaiian or other Pacific Islander

American Indian / Alaskan Native Tribal Name: _____

Parent /Guardian Name(s): _____
Physical Address: Proof of residency is required _____ City _____ Zip _____
Mailing Address (if different than physical address) _____ City _____ Zip _____
Preferred Language for Communication: _____
Primary Phone Number for Communication: (_____) _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work (This number will be used for communication calls from the School and for student absence calls.)

Last School Student Attended: _____ District _____

City: _____ State: _____ Country: _____

Has the student ever attended a Glendale Elementary School? No Yes School Name _____

Has the student ever received Special Education Services? No Yes 504 If yes, explain: _____

Has the student ever received Gifted Services? No Yes If yes, explain: _____

Has the student ever been expelled from a school or district? No Yes Date: _____

Has the student ever been suspended for more than 10 days from a school or district? No Yes Date: _____

Has the student ever been considered for expulsion from a school or district? No Yes Date: _____

I certify that I am a resident of the Glendale Elementary School District or have completed an Open Enrollment application and that the information provided is true and correct.

Parent/Guardian is responsible for providing GESD with the legal custody papers.

SIGNATURE OF PARENT/GUARDIAN

DATE

Glendale Elementary School District

Office Use Only

Student ID: _____

Data Entry Date: _____ By Whom: _____

PARENT / GUARDIAN / EMERGENCY INFORMATION

The school must have current/accurate phone numbers in case of emergency and for your child's safety.

** PLEASE PRINT **

Student's Legal Last Name (As it appears on legal document) First Name Middle Name

** PLEASE PRINT Parent/Guardian information **

Check all boxes that apply: Lives With Contact Allowed Educational Rights Has Custody Mailings Allowed Enrolling Parent Release To

Relationship to student: Mother Father Step Mother Step Father Foster Mother Foster Father Foster Home Guardian/Other

Parent / Guardian Last Name First Name

Address City Zip

Home Phone Cell Phone Military Service Active Reserve Start Date End Date

Work Phone Ext. E-mail Address:

** PLEASE PRINT Parent/Guardian information **

Check all boxes that apply: Lives With Contact Allowed Educational Rights Has Custody Mailings Allowed Enrolling Parent Release To

Relationship to student: Mother Father Step Mother Step Father Foster Mother Foster Father Foster Home Guardian/Other

Parent / Guardian Last Name First Name

Address City Zip

Home Phone Cell Phone Military Service Active Reserve Start Date End Date

Work Phone Ext. E-mail Address:

Emergency contact information other than parent, MUST BE 18 OR OLDER:

1st Contact: PLEASE PRINT Authorized to pick up student NOT authorized to pick up student Name: Telephone #: Relationship to student:

2nd Contact: PLEASE PRINT Authorized to pick up student NOT authorized to pick up student Name: Telephone #: Relationship to student:

3rd Contact: PLEASE PRINT Authorized to pick up student NOT authorized to pick up student Name: Telephone #: Relationship to student:

4th Contact: PLEASE PRINT Authorized to pick up student NOT authorized to pick up student Name: Telephone #: Relationship to student:

5th Contact: PLEASE PRINT Authorized to pick up student NOT authorized to pick up student Name: Telephone #: Relationship to student:

Day Care Provider: PLEASE PRINT Authorized to pick up student NOT authorized to pick up student Name: Telephone #:

Signature of Parent / Guardian: Date:



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

Student Name: _____

School Name: _____

School District or Charter Holder: Glendale Elementary School District #40

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 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 completed and provided an **original State of Arizona – Affidavit of Shared Residence form**, signed and notarized by an Arizona resident who attests 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 provision of verifiable documentation does not serve as a declaration of 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.

GLENDALE ELEMENTARY SCHOOL DISTRICT #40 STUDENT RECORDS REQUEST

To Whom It May Concern: I, the parent/guardian of:

Student's Legal Last Name (*Apellido Legal del Estudiante*) First Name (*Primer Nombre*) Middle Name (*Segundo Nombre*)

Student's Birth Date (*Fecha de Nacimiento*) Grade (*Grado*) Parent's Last Name if Different (*Apellido de Padres si es Diferente*)

do hereby give:

Previous School's Name (*Nombre de Escuela Anterior*) Previous School's Phone Number (*Número de Teléfono de Escuela Anterior*)

Previous School's Mailing Address (*Dirección de Escuela Anterior*) City (*Ciudad*) State (*Estado*) Zip Code (*Código*)

permission to forward all school records, including the following:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Official academic transcript | <input checked="" type="checkbox"/> Test Scores |
| <input checked="" type="checkbox"/> Suspension & Expulsion Records | <input checked="" type="checkbox"/> 504 Information |
| <input checked="" type="checkbox"/> Health records | <input checked="" type="checkbox"/> Any special testing, psychological, counseling, and/or speech records |

PLEASE DO NOT SEND YOUR ORIGINAL CUMULATIVE FOLDER

to the school checked below:

Glendale Landmark
5730 West Myrtle Avenue
Glendale, Arizona 85301
Phone: 623-237-4001
Fax: 623-237-4115
Email: Records101@gesd40.org

Glenn F. Burton
4801 West Maryland Avenue
Glendale, Arizona 85301
Phone: 623-237-4007
Fax: 623-237-4715
Email: Records107@gesd40.org

Discovery
7910 West Maryland Avenue
Glendale, Arizona 85303
Phone: 623-237-4013
Fax: 623-237-5315
Email: Records113@gesd40.org

Isaac E. Imes
6625 North 56th Avenue
Glendale, Arizona 85301
Phone: 623-237-4002
Fax: 623-237-4215
Email: Records102@gesd40.org

Glendale American
8530 North 55th Avenue
Glendale, Arizona 85302
Phone: 623-237-4008
Fax: 623-237-4815
Email: Records108@gesd40.org

Desert Garden
7020 West Ocotillo Road
Glendale, Arizona 85303
Phone: 623-237-4014
Fax: 623-237-5415
Email: Records114@gesd40.org

Harold W. Smith
6534 North 63rd Avenue
Glendale, Arizona 85301
Phone: 623-237-4003
Fax: 623-237-4315
Email: Records103@gesd40.org

Bicentennial North
7237 West Missouri Avenue
Glendale, Arizona 85303
Phone: 623-237-4009
Fax: 623-237-4915
Email: Records109@gesd40.org

Coyote Ridge
7677 West Bethany Home R
Glendale, Arizona 85303
Phone: 623-237-4015
Fax: 623-237-5515
Email: Records115@gesd40.org

Melvin E. Sine
4932 West Myrtle Avenue
Glendale, Arizona 85301
Phone: 623-237-4004
Fax: 623-237-4415
Email: Records104@gesd40.org

Horizon
8520 North 47th Avenue
Glendale, Arizona 85302
Phone: 623-237-4010
Fax: 623-237-5015
Email: Records110@gesd40.org

Desert Spirit
7355 West Orangewood
Glendale, Arizona 85303
Phone: 623-237-4016
Fax: 623-237-5615
Email: Records116@gesd40.org

William C. Jack
6600 West Missouri Avenue
Glendale, Arizona 85301
Phone: 623-237-4005
Fax: 623-237-4515
Email: Records105@gesd40.org

Challenger
6905 West Maryland Avenue
Glendale, Arizona 85303
Phone: 623-237-4011
Fax: 623-237-5115
Email: Records111@gesd40.org

Sunset Vista
7775 West Orangewood
Glendale, Arizona 85303
Phone: 623-237-4017
Fax: 623-237-5708
Email: Records117@gesd40.org

Don Mensendick
5535 North 67th Avenue
Glendale, Arizona 85301
Phone: 623-237-4006
Fax: 623-237-4615
Email: Records106@gesd40.org

Bicentennial South
7240 West Colter Avenue
Glendale, Arizona 85303
Phone: 623-237-4012
Fax: 623-237-5215
Email: Records112@gesd40.org

PUBLIC LAW 93-380, the Federal Family Education Rights and Privacy Act, provide that the written consent of the parent/guardians/eligible students is not required to release educational records to officials of other schools or school systems in which the student seeks or intends to enroll.

Signature of Parent/Guardian (*Firma del Padre / Madre / Tutor*)

Date (*Fecha*)

Signature of School Official

Date

1st Request 2nd Request 3rd Request

Phone call FAX Received Cum File (Date):

Glendale Elementary School District

NURSE FORM / PERMISSION SLIP

** PLEASE PRINT**

**** The school must have current/accurate information in case of emergency and for your child's safety.**

** PLEASE PRINT**

Student's Legal Last Name (As it appears on legal document) _____ First Name _____

Date of Birth _____ Gender: M F Grade _____
(Please Circle One)

Listed below are medications that the nurse's office may have available in limited supply for use in treating illnesses and injuries that may occur at school.

If you DO NOT want your child to receive any of these medications, CROSS THEM OUT.

- | | |
|--------------------------------|-------------------------------|
| Aloe Vera | Benadryl (for emergency only) |
| Hydrocortisone/Anti-itch Cream | Campho-phenique |
| Acetaminophen (Tylenol) | Chloraseptic Spray |
| Anbesol Gel (Orajel) | Cough/VitaminC/Zinc drops |
| Antacid Tablets | Hydrogen Peroxide/Alcohol |
| Antibiotic Ointment | Ibuprofen (Advil) |
| Artificial Tears | Mentholatum (Vicks) |
| Antiseptic Spray | Vaseline/Lip Balm |

My child is currently enrolled in the Glendale School District and may receive any of the medications listed above which the school's nurse judges as appropriate treatment for my child.

Insurance Information:

- I have AHCCCS/Kids Care Plan # _____
- I have personal insurance that covers my child (Please list below).
- I have purchased accident insurance for my child.
- I do not have personal insurance that covers my child. I understand that I am responsible and liable for any costs incurred by my child while participating in school activities.**

Physician Name: _____

Hospital Preference: _____

Physician Telephone: _____ Extn: _____

I release any information on this sheet to be used by school personnel as deemed necessary.

PLEASE PRINT

Parent/Guardian Name(s): _____

SIGNATURE OF PARENT/GUARDIAN

DATE

Student Health History

For your child's safety and welfare, please let us know if any of this information changes!

**** The school must have current/accurate information in case of emergency and for your child's safety ****

**** PLEASE PRINT****

Student's Legal Last Name _____ **First Name** _____

(As it appears on legal document)

Date of Birth _____

Gender: M F

Grade _____

(Please Circle One)

Any problems at birth? _____

Please **CIRCLE** any current or past health conditions:

ADD/ADHD	COCCIDIOIDOMYCOSIS - VALLEY FEVER	HEART
AIDS/HIV	CONNECTIVE TISSUE DISORDERS	HEPATIC & BILIARY DISORDERS
ALLERGY	CYSTIC FIBROSIS	HYPERTENSION/HYPOTENSION
ANOREXIA/BULIMIA	DENTAL ISSUES	INTEGUMENTARY
ARTHRITIS/RHEUMATIC DISEASE	DEVELOPMENTAL ISSUES	MEDICAL ALERT
ASTHMA WITH PCP ACTION PLAN	DIABETES TYPE 1	MUSCULOSKELETAL
ASTHMA WITHOUT PCP ACTION PLAN	DIABETES TYPE 2	NEUROLOGICAL DISORDERS
AUTISM SPECTRUM DISORDERS (ASD)	DIETARY RESTRICTIONS	ORTHOPEDIC DEVICES
AUTISM, CHILDHOOD	EAR, NOSE, AND THROAT (ENT)	PSYCHIATRIC/BEHAVIORS
AUTO-IMMUNE DISORDERS	ENDOCRINE DISORDERS	RESPIRATORY
BIRTH ISSUES/DEFECTS	GASTROINTESTINAL	SEIZURE DISORDERS
BLOOD DISORDERS	GENITOURINARY	VISION
CANCER	GYNECOLOGICAL	WEIGHT DISORDERS
CEREBRAL PALSY	HEARING	

Any **physical limitations**? ___ Yes ___ No If yes, what restrictions? _____
(Note: a doctor's note will be necessary for modified programs at school due to a medical condition.)

Is this child taking any **medication or an inhaler** at home? ___ Yes ___ No

If yes, please list medication, dosage, frequency, and reason: _____

Will this child be taking medication at school? ___ Yes ___ No (If yes, please see nurse for consent forms)

Has this child ever had **surgery or been hospitalized**? ___ Yes ___ No

If yes, when and what for _____

Has this child had **ear tubes** (myringotomy tubes)? ___ Yes ___ No

If yes, are the tubes still in place? ___ Yes ___ No

Please **CIRCLE** any behavioral characteristics that apply:

Aggressive	Substance abuse	Toileting problems
Bites others	Talks of hurting self or others	Does not cry with pain (high tolerance)
Frequent crying	Tantrums	Unusual fears _____
Sleep problems	Tics or nervous gestures	Other: _____

I understand this information may be released to other school personnel to be used only in a confidential and professional manner in the best interests of my child.

Completed by _____ Date _____



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)

Glendale Elementary School District
7301 N 58th Avenue
Glendale, Arizona

**INITIAL IDENTIFICATION
OF FAMILY STATUS**

FOR OFFICE ONLY	
School Name _____	
Student Number _____	Grade _____

** PLEASE PRINT **

Student's Legal Last Name (As it appears on legal document) **First Name** **Middle Name**

Generation (Example Jr, III) _____ **Gender:** Male Female **Date of Birth** _____

1. Is the student under refugee status? Yes No
Country: _____ I-94 Alien Number: _____ Date Issued: _____

2. Name of Resettlement Agency: _____
Address: _____
Phone: _____

3. Name of Resettlement Case Manager: _____
Phone: _____

4. Was the child **born outside** of the United States? Yes No **If Yes, what country?** _____

5. If the child was **born outside** of the United States, list all schools attended for the **past 3 years**.

School Year	Grade	School Name	City	State	Country

SIGNATURE OF PARENT OR GUARDIAN DATE

After the parent/guardian completes the form, school secretaries are to mail the original form to the Language Acquisition Department at District Office.

GLENDALE ELEMENTARY SCHOOL DISTRICT No. 40

7301 N. 58TH AVENUE, GLENDALE, ARIZONA 85301

(623) 237-7100



Homeless Services

The Stewart B. McKinney-Vento Homeless Student Assistance Act protects the rights of all homeless/highly mobile students. The act defines homeless children as youth between the ages of 2 to 18 years old who lack a fixed regular and adequate nighttime residence.

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 and is feasible.
 - * 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.**

Contact:

Aleida Perez

McKinney-Vento Liaison

Glendale Elementary School District

623-237-7142