

We are excited about getting to work with your family!

Wilson Primary is dedicated to the learning process of your child as an individual and as a contributing member of tomorrow's society. Our mission statement is to provide students with the skills necessary to be successful in life.

For even more information, please visit our website at <https://www.wsd.k12.az.us/Domain/8> . Our family handbook can be found on the "Parents" tab.

Documents needed for registering a new student

- Birth Certificate
- Shot records
- Proof of address
 - Qualifying documents include a recent bill or rental/lease agreement with the parent/guardian's name & address on it (Ex. Water, gas, telephone, medical)
 - If you are not the owner or tenant, the owner/tenant must fill out the **State of Arizona Affidavit Shared Resident** form and have it notarized. It must be turned into the office with one of the above listed documents.

School Uniforms

Please note that all students are expected to wear uniforms.

Bottoms: Navy blue pants, skirts or dresses

Tops: White, Grey, Maroon or Navy Blue collared shirt

STUDENT ENROLLMENT FORM

Demographic Information

Student's Legal Name _____

Last Name

First Name

Middle Name

Date of Birth _____

Month / Day / Year

Male Female

Place of Birth _____

City

State

Country

Home Phone _____

Cell Phone _____

Present Address _____

Street

Apt. #

Zip Code

Ethnicity : Hispano/Latino Yes No

RACE: White Black or African American Asian

Hawaiian or other Pacific Islander Native American or Alaska Indian Native

OFFICE USE ONLY

Student ID # _____

Grade _____ Homeroom _____

Entry Date _____ Code _____

SAIS # _____

Birth Certificate Out of District

Immunizations Proof of Address

Home District/School _____

Bus AM PM

Bus Stop _____

After School Prog. _____

Walker Parent Pick-up

Date of Input _____

Name of Registrar _____

Last School Attended

Name of School _____ Withdrawal Date _____

Address _____

Street

City

State

Zip Code

Phone Number _____ I give permission to request all records from this school.

Have you ever attended a Wilson District School before? Yes No If yes, what year? _____

Participation in Programs

Please check any special programs in which the student has participated:

Migrant Program ESL IEP 504 Plan Speech/Language Gifted/Talented Free/Reduced Lunch

District Services Survey (The following will help determine if you are eligible for additional services)

Employment Survey

Have you or your family moved from one town or school district to another within the state or out-of-state within the past three years? Yes No

Did the children in your family move with you or join at a later date? Yes No

During the last three years, were any of these moves made with the intent to find temporary or seasonal work in farming/agricultural work? Yes No

Check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Working on a farm | <input type="checkbox"/> Picking fruits or vegetables | <input type="checkbox"/> Working in a plant nursery/greenhouse |
| <input type="checkbox"/> Working in tobacco green house | <input type="checkbox"/> Working in tobacco | <input type="checkbox"/> Working on a poultry farm |
| <input type="checkbox"/> Working with beef cattle | <input type="checkbox"/> Milking cows | <input type="checkbox"/> Tree growing or harvesting |
| <input type="checkbox"/> Working in a processing plant | | |

Refugee Education provides state and federal funds to assist with the education of the children who entered the United States as refugees within the last 5 years. Please fill out the following information if this pertains to you:

Date of Entry in the U.S. _____

Language(s) _____

**Please provide the office with a copy of your I-94 card*

SIGNATURE REQUIRED: I verify that the information above is correct and current. I will inform the school of any changes in this information. I authorize any school personnel to take reasonable emergency measures on behalf of my child and agree to hold them harmless for any treatment undergone.

Signature of Parent or Guardian

Relationship to Student

Date

Signature of Registrar

Date

HOUSEHOLD REGISTRATION FORM

Name of enrolling student: _____

Student's Primary Address: _____

Students in Same Household Attending Wilson School

1st Student's Legal Name: _____
First Name Middle Name Last Name

Date of Birth: _____ Grade: _____ School: _____

2nd Student's Legal Name: _____
First Name Middle Name Last Name

Date of Birth: _____ Grade: _____ School: _____

3rd Student's Legal Name: _____
First Name Middle Name Last Name

Date of Birth: _____ Grade: _____ School: _____

Parent/Guardian Information

Father or Guardian 1

Name: _____
First Name Middle Name Last Name Relation to the Student

Date of Birth: _____ Employer: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Parent Legal Guardian (by court) Stepparent Foster Parent Other (specify) _____

Mother or Guardian 2

Name: _____
First Name Middle Name Last Name Relation to the Student

Date of Birth: _____ Employer: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Parent Legal Guardian (by court) Stepparent Foster Parent Other (specify) _____

Emergency Contact

Place a checkmark next to emergency contacts who may check the student out of School. *Emergency contacts must be over 18.

First Name	Last Name	Relation	Home Phone	Work Phone	Cell Phone
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Parent/Guardian Authorizations

Please check all that apply.

Media Release

- I give permission to have my child interviewed/photographed/videotaped by the news media which may result in publication.
- I give permission to have my child interviewed/photographed/videotaped by the school or school district which may result in publication.
- I give my permission to have the school or school district feature my child's schoolwork.

Acceptable Use of Network

- I have received a copy and will read the *Internet Safety Contract*. I give permission for my child to Access all components of the District network and release the District from any and all claims and damages of any nature arising from the use of this network.

Field Trips

- I give permission for my child to attend any field trips taken by walking, riding the bus, riding the school van or car, or taking public transportation during the school year.

Parent Signature _____

Date _____

WILSON SCHOOL DISTRICT NO. 7
OUT OF DISTRICT ENROLLMENT APPLICATION

COMPLETE ONE APPLICATION PER CHILD

Student's Name _____
Last First M.I. ETHNICITY

Current Grade _____ Birthdate _____ Home phone _____

Work phone _____ Message phone _____

Parent's Name _____
Last First M.I.

Home address _____
Street City State Zip

The above-named student resides within the _____ District

PRESENT SCHOOL OF ATTENDANCE:

School _____
District _____

REASON FOR APPLICATION:

Brothers or sisters currently attending Wilson:

Name: Grade: DOB: _____

Name: Grade: DOB: _____

REQUEST ASSIGNMENT FOR THE _____ SCHOOL YEAR TO: Wilson Primary Grade _____
Wilson Elementary Grade _____

Is the above-named child:

- Yes No Expelled or long term suspended from any school or district?
 Yes No Currently being considered for expulsion or long-term suspension from a school or District?
 Yes No N/A In compliance with conditions imposed by a juvenile court?

Note: The following conditions apply to the open-enrollment program:

1. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
2. On time attendance is mandatory and all school rules must be followed.
3. The parent or legal guardian will be notified in writing whether the application has been accepted, rejected, or placed on a waiting list.
4. APPLICATION ACCEPTANCE IS ON A YEAR-BY-YEAR BASIS.
5. Transportation for the student is the responsibility of the parent or legal guardian (exception by statute [A.R.S. 15-816.06]).
6. Providing false information on this form may result in the application being denied or admission being revoked.

The signatory affirms that the student will abide by the rules, standards, and policies of the school and the District if enrolled.

Signature of Parent or Legal Guardian Date

• FOR DISTRICT USE ONLY - DO NOT WRITE BELOW THIS LINE

STUDENT NUMBER _____ **DATE STAMP** _____

- Accepted Reason for rejection:
 Placed on waiting list Attendance Capacity
 Rejected Behavior/Discipline

Principal _____

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

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)

_____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

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.





Wilson Primary School

Medical History and Treatment Form

2020/2021

STUDENT: _____ GRADE: _____ DATE OF BIRTH: _____
 PARENT/GUARDIAN: _____ CELL PHONE: _____
 WORK PHONE: _____

A. My child has a food/ insect/ medication ALLERGY: () NO () YES

Allergy to : _____

B. Please note any health problem, physical handicap, emotional difficulty, behavioural problem:

C. Has your child ever been hospitalized for a medical condition? () NO () YES

What was the diagnosis? _____

D. My child's immunization/shots are current and up to date: YES () NO ()

E. My child has the following issues or common complaints:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sensitive Skin | <input type="checkbox"/> Eczema/ Dry Skin | <input type="checkbox"/> Frequent Nosebleeds |
| <input type="checkbox"/> Ear Aches | <input type="checkbox"/> Sinus | <input type="checkbox"/> Seizures/ Convulsions | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Depression/Anxiety |
| <input type="checkbox"/> Tonsillitis/Throat | <input type="checkbox"/> ADHD/ ADD | <input type="checkbox"/> Hearing/Vision | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Eye Infections/Allergy | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Urinary Problems | <input type="checkbox"/> Diabetes |

F. My child wears glasses () Yes () No Contact lenses () Yes () No

G. Medications: In case of a minor illness, my child may receive the following medications from the School Nurse:
 (Please Circle)

- | | |
|--|---|
| <input type="checkbox"/> <input checked="" type="checkbox"/> Tylenol/ Acetaminophen for pain/fever | <input type="checkbox"/> <input checked="" type="checkbox"/> Motrin/ Ibuprofen for severe pain/high fever |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Antibiotic ointment for scrapes/cuts | <input type="checkbox"/> <input checked="" type="checkbox"/> Bactine for cleaning scrapes/cuts/ pain |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Hydrogen peroxide for cleaning scrapes/cuts | <input type="checkbox"/> <input checked="" type="checkbox"/> Calamine/Calagel lotion for rashes/ itching |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Vick's Chest Rub for cough/headaches | <input type="checkbox"/> <input checked="" type="checkbox"/> Sterile eye wash |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Campho-phenique gel for insect bites | <input type="checkbox"/> <input checked="" type="checkbox"/> Benzocaine gel for tooth pain |

H. My child has a dietary restriction: () Yes () No Explain: _____

I hereby give permission to the Wilson School District Nurse or authorized personnel to provide necessary treatment for my child and to contact me at the above contact information in the event of an emergency.

Parent/Guardian signature: _____ Date: _____

Wilson School District No. 7
STUDENT RESIDENCY QUESTIONNAIRE

This form is intended to address the requirements of the McKinney-Vento Act 42 U.S.C. 11435, which is also known as Title X, Part C, of the No Child Let Behind Act. The answers to the questions below assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

School Campus:	School Year:	
Student Name:	Date of Birth:	Grade:
Current Address (Include City, State and Zip):	Phone Number:	Cell Number:
Last School Attended (Include City, State and Zip):	Last Date Attended:	Grade Level:

Name of person with whom student resides:

I am the:

- Parent Caregiver(s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, etc.)
 Legal Guardian (s) Other _____

1. Is the student's home address a temporary living arrangement? Yes No
How long has the student been at this address? _____Months, _____Years

2. Is this a temporary living arrangement due to loss of housing or economic hardship? Yes No

3. Where is this student currently living? **(check the box that applies)**
 - In my own home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s).
 - Student is living with family or friends due to: **(check the box that applies)**
 - Convenience (long-term sharing expenses)
 - Necessity – Temporary, financial crisis/loss of housing that made living together the only option
How long have you shared the residency at the same address with the same people? _____
How many people total live in the home? _____ How many bedrooms? _____ How many bathrooms? _____
Do you need to vacate this residence in the next 6 months? _____
 - In a motel/hotel
Name/Address _____
 - In a shelter
Name/Address _____
 - Unsheltered (i.e. car, parks, garage, campsite, any building without water or electricity)
 - Awaiting permanent foster care placement
 - I am by myself living temporarily in _____ (not in the legal custody of an adult)
 - Other _____

4. Please provide the following information for siblings (brothers and/or sisters) of the student:

Name	Age	School	Grade

The undersigned certifies that the information provided above is accurate.

 Parent/Guardian/Caregiver Signature

 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 Wilson School District #7

School Wilson Primary 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)



WILSON ELEMENTARY SCHOOL DISTRICT NO. 7

3025 East Fillmore Street • Phoenix, Arizona 85008
Phone: (602) 681-2200 • Fax: (602) 275-7517

REQUEST FOR STUDENT RECORDS

The student listed below recently enrolled in one of our schools. We would appreciate it if you would send the following records to us.

Student Name: _____ DOB _____ Grade _____

Previous School Attended: _____

Previous School Phone Number: _____ FAX: _____

Previous School Email: _____

Previous School Address: _____

City: _____ State: _____ ZIP Code: _____

PLEASE FAX/MAIL/EMAIL RECORDS TO THE SCHOOL MARKED BELOW:

Wilson Primary School (K-3)
415 N 30th Street
Phoenix, AZ 85008
Phone: 602-683-2500
Fax: 602-231-0567

Email: janet.nevarez@wsd.k12.az.us

Wilson Elementary School (4-8)
2929 E Fillmore Street
Phoenix, AZ 85008
Phone: 602-683-2400
Fax: 602-275-8677

Email: alex.pina@wsd.k12.az.us

**Please send special education records to: 2929 E Fillmore Street
Phoenix, AZ 85008
Fax: 602-683-2402
Email: nora.acevedo@wsd.k12.az.us

In compliance with the Family Education Rights and Privacy Act of 1974 and Arizona State Law, I authorize the release of my child's school records, including Withdrawal form, Birth Certificate, Immunization Record, State tests, cumulative data, special education information and any other pertinent information.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

In making this request, the undersigned agrees that the information received will be used only by the professional school staff who are assigned to work with the student in the educational program and will not be released to any other party without the prior consent of the parents.

Authorized Signature

Date Requested