

# Payne Junior High School

7655 S. Higley Road, Queen Creek, Arizona 85142

Phone (480) 224-2400 Fax (480) 224-2420

[www.cusd80.com/pjhs](http://www.cusd80.com/pjhs)

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## REGISTRATION PACKET

SERVING GRADES 7-8

Please return the completed registration packet to  
Payne Junior High

For questions, please contact our Registrar,  
Rose Indovino  
Phone: (480) 224-2417  
Email: [indovino.rose@cusd80.com](mailto:indovino.rose@cusd80.com)



Thank you for taking an active role in your student's education

# REGISTRATION CHECKLIST - PAYNE JUNIOR HIGH

**PROOF OF RESIDENCE** – One or more of the following documents, which must bear the parent or legal guardian’s full name and residential address or physical description of the property where the parent or legal guardian resides with the student (no P.O. boxes) **must** be submitted:

- Current Utility Bill (Gas, Electric, Water, Cable, Phone) with name and address. Disconnect notices will not be accepted.
- Title Papers (Property Deed)
- Purchase Contract
- Lease/Rental Agreement (must be on letterhead of rental company)
- Residency Affidavit
- Valid AZ driver’s license or AZ Identification Card
- Valid AZ Motor Vehicle Registration
- Valid United States Passport
- Valid AZ Address Confidentiality Program Authorization Card
- Mortgage Documents
- Property Tax Bill
- Bank or Credit Card Statement
- W-2 Wage Statement
- Payroll Stub
- Certification of Tribal Enrollment or other identification issued by a recognized Indian tribe
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veteran’s Administration, AZ Department of Economic Security, etc.)

## **IMMUNIZATION RECORDS**

**To comply with Arizona State Immunization Law, these immunizations are required to attend school:**

**Dtap:** 4-5 doses\*, **Hepatitis B:** 3 doses, **Polio:** 3-4 doses\*, **MMR:** 2 doses, **Varicella:** 1 dose

**Tdap:** (11 years and older): 1 dose, **Meningococcal** (11 years and older): 1 dose.

Only documents signed by physician, physicians’ office, healthcare provider, or former school record with signature will be acceptable.

**BIRTH CERTIFICATE (STATE CERTIFIED)** – All students must have a Birth Certificate on file. If the birth certificate is lacking upon day of registration, a copy must be submitted **within thirty (30) days**. No student may participate in AIA athletic programs without a birth certificate on record.

**WITHDRAWAL PAPERS** – Students need official withdrawal documents and transfer grades if enrolling during the school year. Failure to provide transfer grades may result in a loss of credit.

**LEGAL GUARDIANSHIP OR LEGAL CUSTODY PAPERS** – One of the following must be submitted:

- Custody Paper
- Arizona Court Appointed Guardianship Papers
- Documentation from Superior Court of Arizona showing the pending court date for your Guardianship hearing. Final papers must be provided within a week of the hearing date.

## **SPECIAL EDUCATION STUDENTS**

- Current copy of IEP and current psychological report

## **REGISTRATION PACKET**

Please be prepared to present these items. If the registrar’s office is asked to request that the information be faxed from the previous school, your registration processed may be delayed.

## CHANDLER UNIFIED SCHOOL DISTRICT #80

TODAYS DATE: \_\_\_\_\_

STUDENT'S LAST (LEGAL) NAME			STUDENT'S FIRST (LEGAL) NAME			STUDENT'S (LEGAL) MIDDLE NAME			BIRTHDATE: MONTH/DAY/YEAR		GENDER M F		GRADE
PHYSICAL ADDRESS	N.S.E.W.	STREET NAME			APT.	P.O. BX	CITY	STATE	ZIP	HOME PHONE			

**Ethnicity:** Is your student Hispanic or Latino?      Yes      or      No

**Race:** What is the student's race? Choose one or more:      White      Black, or African American      Asian      American Indian, or Alaska Native      Native Hawaiian, or Other Pacific Islander

**Birth Place:** City \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_

**STUDENT INFORMATION REQUIRED:**  
 What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_  
 What is the language most often spoken by the student? \_\_\_\_\_  
 What is the language that the student first acquired? \_\_\_\_\_  
  
 In total, has the student attended U.S. schools for more than 3 full years?  
 (Circle) YES NO  
 If NO, date first enrolled in U.S. school: \_\_\_\_\_  
  
 Has the student lived in the U.S. less than 5 full years?  
 (Circle) YES NO  
 If YES, date first entered U.S. \_\_\_\_\_ From what country? \_\_\_\_\_  
  
 Have you or any family member moved in the past 3 years for the purpose of seeking or obtaining temporary or seasonal employment in agriculture or fishing industries?  
 (Circle) YES NO  
 Has the student been previously enrolled in a migrant child education program?  
 (Circle) YES NO

Has the student previously attended/registered in the Chandler Unified School District?  
 (Circle) YES NO  
 If YES, year attended: \_\_\_\_\_ School attended: \_\_\_\_\_  
  
 Previous school(s) attended (other than Chandler Unified School District):  
*Please list most recent.*  
  
 Name \_\_\_\_\_ School District \_\_\_\_\_  
 City, State \_\_\_\_\_ Phone Number: \_\_\_\_\_  
  
 Name \_\_\_\_\_ School District \_\_\_\_\_  
 City, State \_\_\_\_\_ Phone Number \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

FOR OFFICE USE ONLY				
School	Student ID#	State ID #	Teacher	Class of
Entry date	Entry code	Birth certificate      Y      N	Legal documentation      Y      N	Date keyed



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 \_\_\_\_\_

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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.



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## SUPPLEMENTAL INFORMATION FORM

### Parents /Guardians

**The following supplementation information is required at the time of registration:**

Student's name \_\_\_\_\_ Grade \_\_\_\_\_

Does your student have or has he/she had an IEP and/or a 504? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicate the school which provided the IEP/504 Service:

\_\_\_\_\_

Has your student received any Special Education Services? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicate the areas of service: \_\_\_\_\_

The name and phone number of the school which provided services:

\_\_\_\_\_

Has your student **ever** been suspended or expelled from school \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicated the name and phone number of the school where the suspension/  
expulsion took place: \_\_\_\_\_

When was it? \_\_\_\_\_

How long was the suspension? \_\_\_\_\_

Reason for the suspension \_\_\_\_\_

### Special Circumstances:

Please indicate any special child or family circumstances (i.e. familial changes etc.) that you feel  
teachers/school counselor should be made aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Initial Identification of Family Status

Student's Legal Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
(As it appears on legal document)

Name/Nickname student goes by: \_\_\_\_\_  
Last Name First Name

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Yes No Are you, and/or your spouse currently employed in agriculture or are you looking for agricultural work (field work, produce packing, dairies, or ranches)?

Yes No Have you recently moved with the family from another city, state or country to work in the fields, packing companies, dairies, or ranches?

Yes No Are you currently living with a relative or friend due to financial hardship?

Yes No Are you living in a shelter, in your car, or in an unstable living situation?

Yes No Could your child be eligible to enroll in the Indian Education Program, either Title VII or Johnson O'Malley? Tribal Affiliation: \_\_\_\_\_

Yes No Is the student a refugee?

Country: \_\_\_\_\_ I-94 Alien Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Name of Resettlement Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Resettlement Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes No Was the child **born outside** of the United States?

If yes, what country? \_\_\_\_\_

Yes No If the child was **born outside** of the United States

Yes No Are Parents in the Military?

Yes No Is the child adopted?

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*If sections of this form are marked "Yes", place original in student PI file, can a copy, and email to Diana Moreno or Monica Romero, Federal Programs Department, IRC. For questions, please call (480) 224-3771.



Student Name: \_\_\_\_\_

Student DOB: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Student Gender: \_\_\_\_\_

**Household Information (Please Print)**

*Have Updates? Fill out below with any new information. (ONLY updated Proof of Residence must be submitted with this form)*

Updated Household Phone:
Updated Address:
Updated Address:

Relationship	Legal Name	Email	Phone	Remove
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**Have Updates? Fill out below with any new information.**

Full Legal Name: (Last, First, Middle)
Relationship to Student:
Work Phone:
Cell Phone:
E-Mail Address:
Gender:

Full Legal Name: (Last, First, Middle)
Relationship to Student:
Work Phone:
Cell Phone:
E-Mail Address:
Gender:

**Authorized Emergency/Non-Emergency Contacts**

*I give the person(s) listed below permission to pick up my child in any case of emergency or illness. Anyone listed below must be 18 years of age. Students will not be released to anyone not listed on the emergency card. Anyone else wishing to pick up your child must present written verification from the parent with a copy of the parent's ID and a telephone call to the attendance office.*

Relationship	Legal Name	Email	Phone	Remove
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**Have Updates? Fill out below with any new information.**

Full Legal Name: (Last, First, Middle)
Relationship to Student:
Work Phone: (    )
Cell Phone: (    )
E-Mail Address:
Gender:

Full Legal Name: (Last, First, Middle)
Relationship to Student:
Work Phone: (    )
Cell Phone: (    )
E-Mail Address:
Gender:

(Please see Reverse Side)





Student Name: \_\_\_\_\_

Student DOB: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Student Gender: \_\_\_\_\_

**Health Conditions**

My child has special health conditions / medical diagnosis.

Yes  No

If Yes, please explain: \_\_\_\_\_

My child has allergies to certain food and/or insects.

Yes  No

If Yes, please explain: \_\_\_\_\_

My child carries their own emergency medication (inhaler/epipen)

Yes  No

If Yes, please explain: \_\_\_\_\_

I hereby request and give my consent for the person designated by the principal to administer Tylenol (non-aspirin) Acetaminophen to my child

Yes  No

I agree that in case of serious injury, my child will be taken to the nearest hospital by ambulance if necessary, and emergency care will be provided there until I can be contacted. ANY EXPENSE OR EMERGENCY TRANSPORTATION AND/OR TREATMENT SHALL BE MY SOLE RESPONSIBILITY. I also understand that it is my responsibility to provide the school with any personal or emergency changes that occur during the school year.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT RELEASE MY CHILD TO: (Please print clearly)**

Please DO NOT RELEASE MY CHILD TO THE PERSON(S) LISTED BELOW:

Please list full names and **provide the school with court orders or restrictions orders (unless already on file):**

FULL NAME: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

**Address Release / Residency Affirmation**

Do not release address, phone number, and/or e-mail address to parent organizations and/or district-related organizations.

Please choose only one option below.

I affirm that the residency information on this report is current, there are NO changes.

There are changes and I have updated the information.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payne Junior High School  
7655 S Higley Road  
Queen Creek, AZ 85142  
PHONE (480) 224-2400 FAX (480) 224-2420  
Email: indovino.rose@cusd80.com

### Request for Transcript and Student Records

From (Name of School): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

***This certifies that the student(s) named below have enrolled at Payne Junior High School for the 20\_\_-20\_\_ school year. Please send the following information to the attention of Rose Indovino, Registrar.***

Student Name	Date of Birth	Current Grade	Date Enrolled at Payne JH

Please include the following information:

- Immunization Record:
- IEP/Psychological Records
- Birth Certificate
- SELP Test Records
- Withdrawal Grades and Date of Withdrawal
- Explanation of Grading System
- SAIS # (Arizona Students only)
- Standardized Test Data
- AIMS Test Results (Arizona only)
- Legal Guardianship or Custody Papers
- Discipline Records

**Please send copies only- Do not send original cumulative file**

**PLEASE FORWARD  
TO NEXT SCHOOL IF  
RECORDS HAVE  
MOVED ON**

**The Federal Law 99.31** allows for education records to be sent to other educational agencies **without the parent's signature requirement.**

Law 815-828 **Notwithstanding any financial debt owed by pupil,** any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within 5 school days after receipt of the request.

Thank You,

Rose Indovino, Registrar

\_\_\_ First Request

\_\_\_ Second Request

\_\_\_ Third Request