

Please save these documents to your computer first. Then you can complete. SAVE upon completion and then email the forms to leola.thompson@ganado.k12.az.us

**Ganado Primary School**

**Phone: (928)755-1207**

**Ganado Intermediate School**

**Phone: (928)755-1307**

**Ganado Middle School**

**Phone: (928)755-1407**

**Ganado High School**

**Phone: (928)755-1508**

**Parents:**

**New students! Please provide the following documents:**

- 1. Birth Certificate**
- 2. CIB ( Certificate of Indian Blood)**
- 3. Current Immunization**
- 4. Withdrawal Slip from previous school attended**
- 5. Proof of Residence -provide one of the following: Utility or phone bill, letter from chapter house, voter's registration card, or Driver's License with location of residence –not mailing address**
- 6. Power of Attorney –If child will be living with relative other than parents, NN Social Services Placement letter or a (Court Order)**

**Following forms need to be fill out:**

- Student Enrollment Form**
- Home Language Survey (PHLOTE)**
- 506 US Department of Education**
- McKinney-Vento Eligibility Questionnaire**
- Residence Verification Form (Documentation must be provided)**
- Special Education Needs Screening**
- PowerSchool Parent Portal Permission**
- Use of Technology Form**
- Emergency Health Form –Health Office**
- Student Records Request Form**



**OTHER PERSON(S) - YOU, AS PARENT, ARE AUTHORIZING THE SCHOOL TO CONTACT & RELEASE YOUR CHILD TO  
IN CASE OF AN EMERGENCY:**

(\*These individuals must be available & have valid phone number)

NAME OF CONTACT		RELATIONSHIP	
HOME ADDRESS		PHONE #	
*Please initial if allowed to checkout your child _____			

NAME OF CONTACT		RELATIONSHIP	
HOME ADDRESS		PHONE #	
*Please initial if allowed to checkout your child _____			

NAME OF CONTACT		RELATIONSHIP	
HOME ADDRESS		PHONE #	
*Please initial if allowed to checkout your child _____			

**ADDITIONAL INFORMATION PARENT WOULD LIKE SCHOOL TO BE AWARE OF:**

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**TO WHOM IT MAY CONCERN:**

I, as legal parent/guardian, am responsible for this applicaton. I verify that the information I provided is true. I give my consent for any emergency medical or dental treatment.

Print Name: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

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

Signature: \_\_\_\_\_

WITNESS: \_\_\_\_\_

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

**\*\*Note: It is important to fill out all possible information; this information is used for your child's safety.**

5/24/2022

Office Use Only

<p>Stamp Date Entered into SM</p>
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## 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?**

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

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

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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)

**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**

The individual with Tribal membership is the (select only one): \_\_\_child \_\_\_child's parent \_\_\_child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**For Parent/Guardians:**

**Definitions:**

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, 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 on October 19, 1994.

**Student Information:** Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

**Paperwork Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

# Ganado Unified School District

## Confidential McKinney-Vento Homeless Education Assistance Program Eligibility Questionnaire

Your child may be eligible for additional services through the McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. To determine eligibility, please complete this form. **All information is confidential.**

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
(LAST, FIRST MI)

1. Is the student's home address a temporary living arrangement? Yes \_\_\_ No \_\_\_
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes \_\_\_ No \_\_\_

**\*\*\*If you answered YES to BOTH of the questions, please complete the remainder of the form\*\*\***

### Where is the student currently living?

- 1) Is your current address a temporary living arrangement? Y / N
- 2) Is the student moving from place to place? Y / N
- 3) Is the student temporarily in a Foster Home awaiting placement? Y / N
- 4) Where is the student presently living? (Check One or more)  
 Motel/Hotel  
 Shelter  
 Temporary with more than one family in a house or apartment  
 In a place not designated for ordinary sleeping accommodations (ex: car, park, campsite, forest, etc.)  
 In a place without electricity, heat, or water

The undersigned Parent/Guardian certifies that the information provided is correct. False claims about living situations may affect enrollment and services received through program.

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone (cell, home, work or contact): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**For School Staff Only:** Please immediately forward completed form to McKinney-Vento Homeless Education Assistance Program Liaison at the Federal Programs and Grants Office.

-----CUT/TEAR FORM HERE-----

If you have questions or believe you qualify for McKinney-Vento Homeless Education Assistance Program services, please contact (928) 755-1140. The following is a list of **possible** services available from GUSD for eligible McKinney-Vento students:

- |                                |  |
|--------------------------------|--|
| -Immediate school enrollment   | - Extracurricular Program/Athletic Club/School Fees Assistance |
| -Transportation to/from school | -Afterschool Tutoring  |
| -Clothing & Toiletries         | -School Supplies   |
| -Laundering assistance         | -Graduation expenses (cap/gown)                                |
| -ACT/SAT test fees             | -Information and Referrals to Community Services               |

**GANADO UNIFIED SCHOOL DISTRICT**  
**Special Education Needs Screening**

ARS § 15-15763 - compliance

To be completed by parent/guardian or authorized individual at time of school registration.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

School registering at: \_\_\_\_\_ Anticipated Grade Level: \_\_\_\_\_

\*\*\*\*\*

To enable us to plan best for your student's educational needs, please indicate if your child has ever been evaluated or considered for special education services. This is for planning purposes ONLY and will not affect your child's registration at this school.

(please check one)

Yes	No	Unsure	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received Special Education Services before When & where? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was in the process of being referred When & where? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was in the process of being evaluated When & where? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Had a Psychoeducational evaluation &/or other evaluations When & where? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Had an IEP When & where? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Had a 504 plan When & where? _____

*\*\* Office use only: This form will be reviewed by a Special Education Teacher, Psychologist and/or ESS Administrator.*  
 Date received at ESS office: \_\_\_\_\_

**FOLLOW-UP**

Date records requested: \_\_\_\_\_ Date records received: \_\_\_\_\_

Date records reviewed: \_\_\_\_\_

MET Date: \_\_\_\_\_ IEP developed: YES  NO

Comments: \_\_\_\_\_



# Ganado Unified School District #20

## Emergency Health Form

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### Student's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Parent/Legal Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Medical Provider: \_\_\_\_\_

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### Student Medical History

ALL INFORMATION IS KEPT CONFIDENTIAL UNDER HIPAA

*Please Check Y (Yes) and N (No) for each condition.*

	Y	N		Y	N		Y	N		Y	N
Allergies			Migraines			Blood Pressure			Speech		
Asthma			Cardiac Issues			Frequent UTI			Joint Problems		
Diabetes			Syncope (fainting)			Bowel Issues			Eczema		
Seizures			Cancer			Incontinence			Anemia		
Anxiety			Eating Disorder			Ulcers			Hemophilia		
ADHD			Depression			Hearing Loss			History of Chicken Pox		
Autism			Appendectomy			Vision Impairment			Other:		

**Please List Students' Allergies** (Food, Medication and other Allergies): \_\_\_\_\_

\_\_\_\_\_

**Are any of the listed allergies Severe or Life Threatening? Please Describe:** \_\_\_\_\_

\_\_\_\_\_

**Does your child require an EPI-Pen/Inhaler/Prescription Medication during school hours?**

\_\_\_\_\_

**If YES**, please provide a current prescription for medication along with supporting documentation from students Provider/Physician regarding students current condition. Student may not carry medication without those documents.

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### Medications provided at the Health Office

**Draw a line through** any of the below medications/creams that **YOU DO NOT** want your child to receive.

The following Over the Counter (OTC) Medications given at School for minor illnesses/ injuries that may occur in school are **LIMITED** to:

\*Acetaminophen/Tylenol    \*Antibiotic Ointment- For minor cuts/scrapes    \*Oragel- For toothaches

\*Cough Drops    \* Irrigating Eye Wash/Eye Drops    \*Hydrocortisone Cream- For itching/ Rash

Continue on the Back →

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For the protection of all, students **may not** bring MEDICINE (including Tylenol or any OTC Medications without a prescription) to school!

**GUSD Policy JLCD:** Under certain circumstances, when it is necessary for a student to take medicine during school hours, the District will cooperate with the family physician and the parents if the following requirements are met:

- A. There must be a written order from the physician stating the name of the medicine, the dosage, and the time it is to be given.**
- B. There must be written permission from the parent to allow the school or the student to administer the medicine. Appropriate forms are available from the school office.**
- C. The medicine must come to the school office in the prescription container or, if it is over-the-counter medication, in the original container with all warnings and directions intact.**

**Exceptions:**

- A. Students who have been diagnosed with anaphylaxis may carry and self-administer emergency medications including auto-injectable epinephrine provided the pupil's name is on the prescription label, on the medication container or device and annual written documentation from the pupil's parent or guardian is provided that authorizes possession and self-administration. The student shall notify the school office secretary as soon as practicable following the use of the medication;**
- B. For breathing disorders, handheld inhaler devices may be carried for self-administration provided the pupil's name is on the prescription label, on the medication container, or on the handheld inhaler device and annual written documentation from the pupil's parent or guardian is provided that authorizes possession and self-administration.**
- C. Students with diabetes who have a diabetes medical management plan provided by the student's parent or guardian, signed by a licensed health professional or nurse practitioner as specified by A.R.S. [15-344.01](#), may carry appropriate medications and monitoring equipment and self-administer the medication.**

If your child requires prescribed medications to be administered during school hours, please provide the Health Office with this information. This should be obtained at the time the medication is prescribed.) Medications must be **brought in by a parent** and **kept in the nurse's office** in the original, pharmacy-labeled container. Medication must be picked up by parent at the end of the school year or it will be discarded.

As the Parent/Legal Guardian of the above named student, I entrust the GUSD's Health Personnel to care and provide for my child's Health/Medical care while in school. **In the event of a medical emergency, I hereby authorize Ganado Unified School District No. 20 to arrange for named doctors or dentist, ambulance/School transportation or hospital facility to provide treatment to my child in case of an emergency, accident or illness.** I further understand that the School District **does not** carry health insurance for my child. For that reason, I have provided the school health office with the required information (Sage Memorial Biographical Data Base Form).

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Signature of Parent/Legal Guardian

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Date

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

School Year: \_\_\_\_\_

# Student Signature Page

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

## I-6432 IJNDB-EE USE OF TECHNOLOGY RESOURCES IN INSTRUCTION PARENT/GUARDIAN ACCEPTABLE USE AGREEMENT, RELEASE, AND WAIVER

I have read the School's electronic communications system policy, administrative regulations, and network etiquette information. In consideration for the privilege of my child using the School's electronic communications system and in consideration for my child having access to the public networks, I hereby release the School, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system including, without limitation, the types of damage identified in the School's policy and administrative regulations.

## I-6433 IJNDB-EC PERMISSION AND RELEASE TO PUBLISH STUDENT'S FIRST NAME AND/OR PICTURE ON THE INTERNET

As the parent or guardian of a student of Ganado Unified School District No. 20, I understand the benefits and risks of publishing works on the Internet. In consideration of the benefits of allowing my student to publish his/her work, first name, and/or picture on the School's Web page, I hereby give permission for the student's a.) first name and first name only to be published on the Web page, or b.) first name and photograph with no identifying information to be published on the Web page.

Further, I accept full responsibility for the publication of the student's name and/or picture as set forth in the publication attached hereto and agree to release and hold the School harmless from any and all damages or injury to me or to the student arising from said publication.

\_\_\_\_\_ I do not give permission for my child to participate in the School's electronic communications system.

\_\_\_\_\_ I give permission for my child to participate in the School's electronic communications system and certify that the information contained on this form is correct.

Print Full Name of  
Parent or Guardian \_\_\_\_\_

Signature of  
Parent or Guardian \_\_\_\_\_

Home address \_\_\_\_\_

Date \_\_\_\_\_ Home phone number \_\_\_\_\_



# GANADO UNIFIED SCHOOL DISTRICT

Post Office Box 1757 Ganado, Arizona 86505 (928) 755-1000 www.ganado.k12.az.us

Ganado Middle School

Phone: (928)755-1400

Fax: (928)755-1402

## REQUEST FOR RELEASE OF STUDENT RECORDS

Previous School Address

\_\_\_\_\_

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

**You are hereby authorized to release records on the following data regarding above name:**

\_\_\_\_\_ Transcripts (Grade, AIMS Test Scores, Etc.)

\_\_\_\_\_ Personal file (Birth Certificate, Social Security, CIB, Guardianship)

\_\_\_\_\_ Health Record (Current Immunization Records)

\_\_\_\_\_ Special Education File (Current IEP, Psychological Evaluation, Speech)

\_\_\_\_\_ Withdrawal Form

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

House 2116, Article 1 Arizona Statues 15-152 reads; "Pupil records are considered Professional and confidential and shall be available under the following circumstances:

ITEMS 3. In accordance with written instruction of a parent or guardian to transfer the Records to another school, instruction of a parent or guardian to transfer the records to another school, instruction, or agency."