

# STUDENT ENROLLMENT FORM

Student's Legal Name:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

Date of Birth:    /    /

Gender:  Male  Female

Place of Birth:

\_\_\_\_\_  
City

\_\_\_\_\_  
State

Student's Primary Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt #

\_\_\_\_\_  
Zip Code

Hispanic/Latino:  Yes  No

Race:  White  Black or African American  Asian

Hawaiian or other Pacific Islander  Native American or Alaskan Indian Native

## **Last School Attended**

Name of School: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

School 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?

## **Program Participation**

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

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

Is either parent a migrant worker?  Yes  No

## **Students in Same Household Attending Wilson School**

1<sup>st</sup> Student's Legal Name:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

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

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

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

2<sup>nd</sup> 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

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

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

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent  Legal Guardian (by court)  Stepparent  Foster Parent  Other (specify): \_\_\_\_\_

## **Emergency Contact (must be 18 years or older)**

First Name	MI	Last Name	Relation	Home Phone	Work Phone	Cell Phone

## **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.

**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/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Registrar

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

### **OFFICE USE ONLY**

Grade: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Code: \_\_\_\_\_

Homeroom: \_\_\_\_\_ Student ID: \_\_\_\_\_

SAIS: \_\_\_\_\_ Home District: \_\_\_\_\_

Date of Input: \_\_\_\_\_  Birth Certificate  Out of District

Registrar: \_\_\_\_\_  Immunizations  Proof of Address

# FORMULARIO DE INSCRIPCIÓN-ESTUDIANTE

Nombre legal del estudiante: \_\_\_\_\_  
Apellido Primer Nombre Segundo Nombre

Fecha de nacimiento: \_\_\_\_ / \_\_\_\_ / \_\_\_\_     Masculino     Femenina    Lugar de nacimiento: \_\_\_\_\_  
Ciudad Estado

Dirección principal del estudiante: \_\_\_\_\_  
Calle Apt # Código Postal

Hispano/Latino:  Sí     No    Raza:     Blanco     Negro o Africano-americano     Asiático  
 Hawaiano u otra isla del Pacífico     Nativo Americano o indio nativo de Alaska

### Última escuela donde asistió

Nombre de la escuela: \_\_\_\_\_ Fecha de retiro: \_\_\_\_\_

Dirección: \_\_\_\_\_  
Calle Ciudad Estado Código Postal

Número de teléfono: \_\_\_\_\_     Doy permiso para pedir el expediente de esta escuela.

¿Ha sido estudiante en el distrito de Wilson alguna vez?     Sí     No    Si - ¿Que año?

### Participación en programas

Por favor marque cualquier programa especial donde haya participado el estudiante:  
 Programa migratorio     EL/SEI     IEP     Plan 504     Terapia del habla     Talentoso     Almuerzo gratis/precio reducido

¿Alguno de los padres es un trabajador migrante?     Sí     No

### Estudiantes en la misma familia que van a una escuela de Wilson

1er estudiante - nombre legal: \_\_\_\_\_  
Primer nombre Segundo nombre Apellido

Fecha de nacimiento: \_\_\_\_\_ Grado: \_\_\_\_\_ Escuela: \_\_\_\_\_

2o estudiante - nombre legal: \_\_\_\_\_  
Primer nombre Segundo nombre Apellido

Fecha de nacimiento: \_\_\_\_\_ Grado: \_\_\_\_\_ Escuela: \_\_\_\_\_

### Información del padre o tutor

#### Padre o tutor 1

Nombre: \_\_\_\_\_  
Primer nombre Segundo nombre Apellido

Fecha de nacimiento: \_\_\_\_\_ Lugar de trabajo: \_\_\_\_\_

# trabajo: \_\_\_\_\_ # celular: \_\_\_\_\_ Correo electrónico: \_\_\_\_\_

Padre     Tutor legal (por la corte)     Padrastro     Padre temporal     Otro (explique): \_\_\_\_\_

#### Madre o tutor 2

Nombre: \_\_\_\_\_  
Primer nombre Segundo nombre Apellido

Fecha de nacimiento: \_\_\_\_\_ Lugar de trabajo: \_\_\_\_\_

# trabajo: \_\_\_\_\_ # celular: \_\_\_\_\_ Correo electrónico: \_\_\_\_\_

Madre     Tutor legal (por la corte)     Madrastra     Madre temporal     Otro (explique): \_\_\_\_\_

### Contactos en caso de emergencia (deben ser mayor de edad de 18)

Primer nombre	I	Apellido	Relación	Teléfono de casa	# de trabajo	Teléfono celular

### Paseos

Doy permiso a que mi hijo participe en paseos ya sea caminando, en autobús, en carro o vehículo del distrito, o en transporte público durante el año escolar.

**Firma necesaria:** Verifico que la información dada es correcta y al corriente. Informaré a la escuela de cualquier cambio con respecto a la información. Doy autorización al personal escolar de tomar medidas razonables en caso de emergencia para mi hijo y estoy de acuerdo en no hacerlos responsables por cualquier tratamiento que sea necesario.

\_\_\_\_\_  
Firma de padre o tutor legal Fecha

\_\_\_\_\_  
Firma de la registradora Fecha

#### OFFICE USE ONLY

Grade: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Code: \_\_\_\_\_

Homeroom: \_\_\_\_\_ Student ID: \_\_\_\_\_

SAIS: \_\_\_\_\_ Home District: \_\_\_\_\_

Date of Input: \_\_\_\_\_     Birth Certificate     Out of District

Registrar: \_\_\_\_\_     Immunizations     Proof of Address

**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** \_\_\_\_\_

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Accepted               | <b>Reason for rejection:</b>                 | <input type="checkbox"/> Capacity |
| <input type="checkbox"/> Placed on waiting list | <input type="checkbox"/> Attendance          |                                   |
| <input type="checkbox"/> Rejected               | <input type="checkbox"/> Behavior/Discipline |                                   |

Principal \_\_\_\_\_

**WILSON SCHOOL DISTRICT NO. 7**  
**FUERA DEL DISTRITO APLICACIÓN DE MATRICULACIÓN**  
**COMPLETE UNA APLICACIÓN POR CADA NIÑO**

Nombre del Estudiante \_\_\_\_\_  
 Apellido \_\_\_\_\_ Primer Nombre \_\_\_\_\_ Inicial del Segundo Nombre \_\_\_\_\_ Etnicidad \_\_\_\_\_  
 Grado Actual \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_ Teléfono de Casa: \_\_\_\_\_  
 Teléfono de Trabajo \_\_\_\_\_ Teléfono de Mensaje \_\_\_\_\_

Nombre de Padre/Madre \_\_\_\_\_  
 Apellido \_\_\_\_\_ Primer Nombre \_\_\_\_\_ Inicial del Segundo Nombre \_\_\_\_\_

Domicilio de Casa \_\_\_\_\_  
 Calle \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código Postal \_\_\_\_\_

El estudiante sobre-nombrado reside dentro del distrito de \_\_\_\_\_

**ESCUELA DE ASISTENCIA ACTUAL**

Escuela \_\_\_\_\_  
 Distrito \_\_\_\_\_

Hermanos o hermanas que asisten a Wilson actualmente:

**Nombre:** \_\_\_\_\_ **Grado:** \_\_\_\_\_ **Fecha de Nacimiento:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PIDO ENTRADA POR LA RAZON DE:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PIDO ENTRADA PARA EL** \_\_\_\_\_ **AÑO ESCOLAR A LA:** Escuela Wilson Primaria Grado \_\_\_\_\_  
 Escuela Wilson Elemental Grado \_\_\_\_\_

El niño sobre-nombrado fue/esta:

- Sí  No ¿Expulsado o suspendido a largo plazo de alguna escuela o distrito?
- Sí  No ¿Es considerado actualmente para la expulsión o suspensión a largo plazo de una escuela o distrito?
- Sí  No  No aplica ¿En cumplimiento de las condiciones impuestas por un tribunal de menores?

*Nota:* Las siguientes condiciones se aplican al programa de inscripción-abierta:

1. La inscripción está sujeta al límite de capacidad establecido por la escuela y/o de sus niveles de grado.
2. Llegar a tiempo es obligatorio y se deben seguir todas las reglas de la escuela.
3. El padre o guardián será notificado por escrito si la aplicación se ha aceptado, se ha rechazado, o se ha puesto en una lista de espera.
4. ACEPTACIÓN DE LA SOLICITUD ES SOBRE UNA BASE DE AÑO A AÑO.
5. El transporte para el estudiante es la responsabilidad del padre o guardián (excepción por ley [A.R.S. 15-816.06]).
6. Proporcionando información falsa en esta forma resultará en que su aplicación sea rechazada o admisión sea revocada.

Su firma asegura que el estudiante obedecerá las reglas, normas, y políticas de la escuela y del distrito si están inscritos.

\_\_\_\_\_  
 Firma de Padre o Guardián \_\_\_\_\_ Fecha \_\_\_\_\_

• **SOLO PARA EL USO DEL DISTRITO – NO ESCRIBA DEBAJO DE ESTA LINEA**

**NÚMERO ESTUDIANTIL** \_\_\_\_\_ **SELLO DE FECHA** \_\_\_\_\_

- Aceptado
  - Puesto en lista de espera
  - Rechazado
- Razón por el rechazo:**
- Asistencia
  - Comportamiento/Diciplina
  - Capacidad

Director \_\_\_\_\_



## 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?**

---

**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)



## Arizona Department of Education

Office of English Language Acquisition Services

### Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. **Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendizajes del idioma inglés de Arizona (AZELLA).** Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse **antes** de que el estudiante tome el Examen AZELLA.

**1. ¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?**

---

**2. ¿Qué idioma habla el estudiante la mayoría del tiempo?**

---

**3. ¿Qué idioma habló o entendió el estudiante primero?**

---

Nombre del estudiante _____	Distrito _____
Fecha de nacimiento _____	Núm. de identificación _____
Firma del padre o tutor _____	SSID _____
Fecha _____	
Distrito o Charter _____	
Escuela _____	

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.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)



# Wilson School District #7

## Medical History and Treatment form

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

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

Allergy to: \_\_\_\_\_

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

\_\_\_\_\_

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

What was the diagnosis? \_\_\_\_\_

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

5. 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            |

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

7. Medications: In case of a minor illness, my child may receive the following medications from the School Nurse or a person designated by the principal: (Please Circle)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> <input type="checkbox"/> Tylenol/ Acetaminophen for pain/fever                     | <input checked="" type="checkbox"/> <input type="checkbox"/> Motrin/ Ibuprofen for severe pain/high fever |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Antibiotic ointment for scrapes/cuts                      | <input checked="" type="checkbox"/> <input type="checkbox"/> Bactine for cleaning scrapes/cuts/ pain      |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Hydrogen peroxide for cleaning scrapes/cuts               | <input checked="" type="checkbox"/> <input type="checkbox"/> Calamine/Calagel lotion for rashes/ itching  |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Vick's Chest Rub for cough/headaches                      | <input checked="" type="checkbox"/> <input type="checkbox"/> Sterile eye wash                             |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Campho-phenique gel for insect bites                      | <input checked="" type="checkbox"/> <input type="checkbox"/> Benzocaine gel for tooth pain                |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Cough Drops (4 <sup>th</sup> -8 <sup>th</sup> Grade only) |   |

8. 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 #7

## Historia Clínica y Forma de Tratamiento

ESTUDIANTE: \_\_\_\_\_ GRADO: \_\_\_\_\_ FECHA DE NACIMIENTO: \_\_\_\_\_

PADRE/TUTOR: \_\_\_\_\_ TELEFONO CELULAR: \_\_\_\_\_

TELEFONO DEL TRABAJO: \_\_\_\_\_

1. Mi hijo tiene un alimento / insecto / medicamento ALERGIA: ( ) NO ( ) SÍ

Alergia a: \_\_\_\_\_

2. Tiene cualquier problema de salud, discapacidad física, dificultad emocional, problema de comportamiento?

\_\_\_\_\_

3. ¿Alguna vez su niño ha sido hospitalizado por una condición médica? ( ) NO ( ) SÍ

¿Cuál fue el diagnóstico? \_\_\_\_\_

4. Las vacunaciones / vacunas de mi hijo están actualizadas y actualizadas: ( ) NO ( ) SÍ

5. Mi hijo tiene los siguientes problemas o quejas comunes:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Asma                   | <input type="checkbox"/> Piel sensible         | <input type="checkbox"/> Eczema / Piel Seca  | <input type="checkbox"/> Hemorragias nasales    |
| <input type="checkbox"/> Dolores en los oídos   | <input type="checkbox"/> Sinusitis             | <input type="checkbox"/> Convulsiones        | <input type="checkbox"/> Alta presión sanguínea |
| <input type="checkbox"/> Mareos / Desmayos      | <input type="checkbox"/> Frecuentes resfriados | <input type="checkbox"/> Dolores de cabeza   | <input type="checkbox"/> Depresión /ansiedad    |
| <input type="checkbox"/> Amigdalitis / Garganta | <input type="checkbox"/> ADHD / ADD            | <input type="checkbox"/> Audición / Visión   | <input type="checkbox"/> Problemas del corazón  |
| <input type="checkbox"/> alergias oculares      | <input type="checkbox"/> Bronquitis _____      | <input type="checkbox"/> Problemas urinarios | <input type="checkbox"/> Diabetes               |

6. Mi hijo usa lentes ( ) NO ( ) SÍ      Lentes de contacto ( ) NO ( ) SÍ

7. Medicaciones: En caso de una enfermedad menor, mi hijo puede recibir los siguientes medicamentos de la enfermera escolar o persona que el director(a) asigne: (Por favor marque)

- |  |  |
|--|--|
| <u>Sí</u> <u>No</u> Tylenol / Acetaminophen para el dolor/ fiebre        | <u>Sí</u> <u>No</u> Motrin / Ibuprofeno para dolor severo/ fiebre alta     |
| <u>Sí</u> <u>No</u> Ungüento antibiótico para raspaduras/cortes          | <u>Sí</u> <u>No</u> Bactina para limpiar rasguños/cortes/dolor             |
| <u>Sí</u> <u>No</u> Peróxido de hidrógeno para limpiar raspaduras/cortes | <u>Sí</u> <u>No</u> Loción de calamina para mordeduras de insectos/picazón |
| <u>Sí</u> <u>No</u> Gel de Campho-phynique para picaduras de insectos    | <u>Sí</u> <u>No</u> Lavaojos estériles                                     |
| <u>Sí</u> <u>No</u> Pastillas para la tos (solo grados 4-8)              | <u>Sí</u> <u>No</u> Benzocaína para el dolor de dientes                    |
| <u>Sí</u> <u>No</u> Vicks Chest Rub para tos/dolores de cabeza           |  |

8. Mi hijo tiene una restricción dietética: ( ) NO ( ) SÍ      Explique: \_\_\_\_\_

\*\*\*\*\*

*Por la presente, doy permiso a la enfermera o personal autorizado del Distrito Escolar de Wilson para que brinde el tratamiento necesario a mi hijo y para que se ponga en contacto conmigo en la información de contacto indicada arriba en el caso de una emergencia.*

Firma del Padre/Tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_



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.*

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

**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

Wilson School District No. 7  
**ENCUESTA DE DOMICILO DE ALUMNOS**

*El propósito de este cuestionario es para informarle a serca de los requisitos para la elegibilidad del programa McKinney-Vento Act 42 U.S.C. 11435, el cual también se conoce como Título X, Parte C, del Acto "Que Ningun Niño se Quede Atras" (No Child Left Behind). Las preguntas de abajo ayudarán a determinar si el alumno es elegible para resivir servicios bajo el programa del Acto de McKinney-Vento.*

<b>Escuela:</b>	<b>Año Escolar:</b>	
<b>Nombre del Alumno:</b>	<b>Fecha de Nacimiento:</b>	<b>Grado:</b>
<b>Domicilio (Cuidad/Estado/Código Postal):</b>	<b>Teléfonos:</b>	<b>Casa#: Celular #:</b>
<b>La escuela que asistía (Cuidad/Estado/Codigo Postal):</b>	<b>Ultima Fecha que Asistió:</b>	<b>Grado</b>

**El nombre de la persona con quien el estudiante reside:**

Yo soy:

- Padre(s) de familia     Proveedor de cuidado que no es el guardian legal (Por ejemplo: amigos, parientes, padres de amigos, etc.)  
 Guardián(es) legal(es)                      Otro \_\_\_\_\_

1. ¿Es el presente domicilio del estudiante un arreglo de vivienda temporal?     Si     No  
 ¿Cuánto tiempo ha estado el estudiante en esta dirección? \_\_\_\_\_Meses, \_\_\_\_\_Años
  
2. ¿Es este arreglo de vivienda temporal debido a la pérdida de su casa, vivienda o habitación, o debido a algún problema económico (ejemplo: desempleo)?                       Yes                       No
  
3. ¿Donde vive actualmente el alumno? (**marque la caja que aplicó**)
  - En mi propia casa o apartamento, habitación bajo asistencia de Sección 8, o en un complejo militar con los padres, guardian(es) legal(es), o con un proveedor de cuidado.
  - El estudiante esta viviendo con familiares o amigos debido a: (**marque la caja que aplicó**)
    - Conveniencia (compartir los gastos a largo plazo)
    - Necesidad – Temporal, crisis financiera/pérdida de hogar que hizo el vivir con otros la única opción
 ¿Cuánto tiempo ha compartido usted la residencia en esta misma dirección con las mismas personas? \_\_\_\_\_  
 ¿Cuántas personas viven en total en la casa? \_\_\_\_\_ ¿Cuántas recámaras? \_\_\_\_\_ ¿Cuántos baños? \_\_\_\_\_  
 ¿Debe uster desocupar esta residencia en los próximos 6 meses? \_\_\_\_\_
  - En un motel/hotel  
Nombre/ Dirección \_\_\_\_\_
  - En un refugio  
Nombre/Dirección \_\_\_\_\_
  - Sin hogar (Por ejemplo: en un coche/carro, en parques, en un sitio de acampar, en cualquier edificio sin agua o electricidad)
  - Esperando colocación de cuidado permanente
  - Vivo solo y temporalmente en \_\_\_\_\_ (no en la custodia legal de un adulto)
  - Otro \_\_\_\_\_

4. Por favor proporcione la siguiente información sobre los hermanos y hermanas del estudiante:

Nombre	Edad	Escuela	Grado

Quien firma, certifica que la información proporcionada arriba es correcta.

\_\_\_\_\_  
Firma del Padre/Guardián/Quien lo cuida

\_\_\_\_\_  
Fecha

# Wilson School District #7

## Acceptable Use of Electronic Information Resources

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Date: February, 15, 2023

Version: 02.2023

### Overview

Wilson School District #7 provides electronic information resources (including, but not limited to, computers, computer accounts and services, networks, software, electronic mail services, electronic information sources, video and voice services, servers, web pages, cellular phones, and related services) to assist members of the Wilson School District #7 community in the pursuit of public education. This policy, in conjunction with other applicable Wilson School District #7 policies, sets forth the acceptable use of all electronic information resources owned or managed by Wilson School District #7, and describes the rights and responsibilities of Wilson School District #7 and of students and staff of the Wilson School District #7 community with respect to the use of these resources.

### Scope

The Wilson School District #7 Acceptable Use of Electronic Information Resources Policy applies to all students, staff, and contractors of Wilson School District #7. All students, staff, and contractors will be required to review and agree to the terms and conditions of this policy, annually.

### Technology Devices for Staff

Devices issued to staff are issued to facilitate student instruction and to enhance student achievement. The device may be available for use at and away from school. It is the individual's responsibility to care for the equipment in such a manner as to prevent loss or damage. All fees owed by a staff member will be listed on the staff members SIS (student information system) account. It is recommended that each individual insure the device in case it is lost, stolen or damaged. Listed below are a few recommendations:

1. <https://upsie.com/>
2. <https://www.safeware.com/Products-Services/K-12>
3. <https://www.asurion.com/homeplus/>

### Technology Devices for Students

Devices issued to students are issued to facilitate student instruction and to enhance student achievement. The device may be available for use at school. It is the individual's responsibility to care for the equipment in such a manner as to prevent loss or damage. Student devices, such as Laptops or iPads are insured by a 3<sup>rd</sup> party vendor for the 2022-2023 school year. Although student devices are insured, a fee may be charged for processing an insurance claim for a damaged. All fees owed by a parent or guardian will be listed on the student SIS (student information system) account.

Student Device Fees:

FEE DESCRIPTION	FEE COST
INSURANCE CLAIM PROCESSING – FIRST OCCURRENCE	\$35
INSURANCE CLAIM PROCESSING – MULTIPLE OCCURRENCES	\$50
HOTSPOT DAMAGED OR NOT RETURNED	\$150

## Staff Device Checkout

Device checkout recipients must complete and return the “Wilson School District #7 Device Checkout Agreement” before they are permitted to check out a device. All device checkouts will be tracked through “Snipe IT”.

## Personal Responsibility

Electronic information resources provided by Wilson School District #7 are intended to be used to carry out the legitimate business of Wilson School District #7, although some incidental personal use is permitted. Passwords issued to users are for their use only and are not to be shared with others. Users assume responsibility for the appropriate use of Wilson School District #7’s electronic information resources and agree to comply with all relevant Wilson School District #7 policies and all applicable local, state, and federal laws. Inappropriate or unauthorized use of Wilson School District #7’s electronic information resources include but not limited to the following:

- sending a communication or using electronic information resources, including web pages, that illegally discriminate against, harass, defame, or threaten individuals or organizations;
- engaging in illegal conduct or conduct that violates Wilson School District #7 policy;
- destruction of or damage to equipment, software, or data belonging to others;
- disruption or unauthorized monitoring of electronic communications;
- interference with use of Wilson School District #7 systems;
- violations of computer security systems;
- unauthorized use of accounts, access codes, or identification numbers;
- use that intentionally impedes the legitimate computing activities of others;
- use for commercial purposes;
- violation of copyrights, software license agreements, patent protections and authorizations, or protections on proprietary or confidential information;

Wilson School District #7 will apply this policy consistent with applicable requirements under Federal and State law and its obligations under the European Union General Data Protection Regulation with respect to protection of personal data of individuals located in the European Union. This policy will not be construed or applied in a manner that improperly interferes with employees’ rights under the National Labor Relations Act.

## Privacy

Wilson School District #7’s electronic information resources are Wilson School District #7’s property and users should not have an expectation of privacy with respect to their use of these resources or any of the data, files, or other records

## Policy Compliance

- unauthorized use of Wilson School District #7’s trademarks;
- violating copyright laws by downloading and sharing copyrighted files;
- violations of privacy;
- academic dishonesty;
- sending chain mail;
- spamming;
- downloading, viewing, and/or sharing of materials in violation of Wilson School District #7’s policy regarding unlawful harassment, including genderbased misconduct;
- intrusion into computer systems to alter or destroy data or computer programs (e.g., hacking or cracking); or
- sending communications that attempt to hide the identity of the sender or represent the sender as someone else

generated by, stored, or maintained on them. Password capabilities and other authentication measures are provided to users to safeguard electronic messages, data, files, and other records (including computer files and records, electronic mail, and voice mail) from unauthorized use. These safeguards are not intended to provide confidentiality from Wilson School District #7 with respect to personal messages or files stored on electronic information resources owned and managed by Wilson School District #7.

## Monitoring

While Wilson School District #7 does not routinely examine the content of electronic mail messages or otherwise monitor individual usage, it does routinely monitor the normal operation of computing and networking resources, including network activity patterns, system logs, general and individual usage patterns, and other indicators necessary to ensure the integrity and stability of its electronic information resources. Wilson School District #7 will investigate suspected abuse, misuse, or compromise of its resources, systems, and services.

## Content Access

Wilson School District #7 typically does not access the content of electronic messages or other data, files, or records generated, stored, or maintained on its electronic information resources; however, it retains the right to inspect, review, or retain the content of any such messages, data, files, and records at any time without prior notification. Any such action will be taken for reasons Wilson School District #7, within its discretion, deems to be legitimate. These legitimate reasons may include, but are not limited to, responding to lawful subpoenas or court orders; investigating misconduct (including research misconduct); determining compliance with Wilson School District #7 policies and the law; and locating electronic messages, data, files, or other records related to these purposes. Users must therefore understand that any electronic messages, data, files, and other records generated by, stored, or maintained on Wilson School District #7 electronic information resources may be electronically accessed, reconstructed, or retrieved by Wilson School District #7 even after they have been deleted.

## Administrative Access Procedure

Wilson School District #7 access to the content of electronic mail, data, files, or other records generated, stored, or maintained by any user for reasons such as those described in the previous paragraph must be authorized as follows:

- By the Superintendent or Director of Business Services and Technology for any situations that require access to electronic resources associated with Administrators or Principals.
- By the Technology Supervisor for any situations that require access to electronic resources associated with Support Staff, Teachers, or Students.
- By General Counsel for the purposes of complying with legal process and requirements or to preserve user electronic information for possible subsequent access in accordance with this policy. In all cases, the Office of the General Counsel should be consulted prior to deciding on whether to grant access.

In the case of a time-critical matter, if the authorizing official is unavailable for a timely response, the General Counsel may authorize access.

## Privilege

The use of Wilson School District #7 electronic information resources is a privilege, not a right, and Wilson School District #7 may revoke this privilege or decline to extend this privilege at any time.

## Consequences

Inappropriate use of Wilson School District #7 resources may result in administrative discipline, up to and including termination from Wilson School District #7. Suspected illegal acts involving Wilson School District #7 electronic information resources may be reported to state and/or federal authorities and may result in prosecution by those authorities.

Any questions concerning the appropriate use of any of Wilson School District #7's electronic information resources or relevant Wilson School District #7 policies should be directed to the Superintendent, Director of Business Services and Technology, Director of Human Resources, or the Technology Supervisor.

# Student User Agreement

As the parent or guardian of a student attending a school of Wilson School District #7's, I understand and agree to the terms listed above and that my students use of Wilson School District #7 Information Services, including internet and e-mail, is a privilege. I understand that my students work on District technology is NOT private. Administration may review all files and communications at any time without notice. Wilson School District #7 may terminate access, review, and delete files at any time.

I understand and agree that I am responsible for any fees associated with the repair or replacement of a unit that is damaged, lost or stolen as a result of my student's intentional act, neglect, or abuse of the device.

Guardian Name:

**X**

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Guardian Signature:

Date:

**X**

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Student Name:

**X**

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Student Signature:

Date:

**X**

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# Wilson School District No. 7

## Library Privileges

Dear Parents:

Your child has the privilege of checking-out library books and other material from the school library. Your child will have the opportunity to choose from hundreds of items, and may take his/her selections to the classroom and/or home to use and enjoy. Along with this privilege goes the responsibility to follow library rules and to take care of the materials borrowed. They must be returned on time and in the same condition they were checked out.

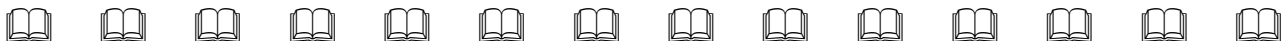
Your child has been instructed in the proper care of library materials. It is important to safeguard them by:

- ◆ **Not leaving them about unattended**
- ◆ **Having a secure place at home to keep them**
- ◆ **Keeping them away from younger children**
- ◆ **Keeping them away from pets**

Your assistance in helping your child care for these library books and other materials when they are brought home is greatly appreciated. Should any loss or damage occur to library books or other materials while checked-out to your child, it will require payment for repair or replacement.

Your child's library record must be clear (all borrowed books and other items returned and any charges for lost or damaged items paid) prior to the end of the school year or completion of transfer if changing schools. Please acknowledge your understanding of this responsibility by signing the statement below in the space provided, under the signature of your child. It is necessary that this signed statement be returned to school as soon as possible in order that your child may begin enjoying full library privileges.

Thank you,  
Library Staff



I understand that any items borrowed from the school library are the responsibility of the student to whom they are checked-out and I agree to pay for any loss or damage to library books or any other materials borrowed by me/my child.

- Yes, my child can check out library materials**
- No, my child cannot check out library materials**

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

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

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

Teacher: \_\_\_\_\_

# WILSON SCHOOL DISTRICT NO. 7

## Privilegio Del Uso De Los Libros

Estimado Padres:

Su hijo/a tiene el privilegio de uso de los libros y otros artículos de la biblioteca de nuestra escuela, Su hijo/a tendrá la oportunidad de elegir entre una variedad de artículos y libros y puede llevárselos al salón y/o a su hogar. En conjunto con este privilegio se incluye obedecer las reglas de la biblioteca y tener cuidado con los artículos. Los materiales se deben de regresar al tiempo indicado y en la misma condición en que fueron obtenidos.

Su hijo/a fue instruido en el cuidado apropiado de los libros y materiales de la biblioteca.

Es muy importante:

- ◆ **No dejar los artículos sin ser atendidos**
- ◆ **Tener un lugar seguro para guardarlos**
- ◆ **Cuidarlos de otros niños más pequeños**
- ◆ **Cuidarlos de sus mascotas**

Su asistencia en el cuidado de estos libros y otros artículos se le apreciará mucho. En caso de pérdida o destrucción de estos artículos, se requiriera pagar la reparación o reemplazo.

La cuenta de la biblioteca de su hijo/a debe quedar clara, antes del final del año escolar

O antes de ser transferido a otra escuela si cambian de escuela.

Si usted está de acuerdo de esta responsabilidad, favor de firmar la declaración en el espacio proveído abajo. Es necesario que usted firme la declaración el más pronto posible para que su hijo/a logre sus privilegios de la biblioteca.

Gracias,

Personal de la Biblioteca



Yo estoy consciente de que cualquier artículo prestado por la biblioteca es la responsabilidad de mi hijo/a y tendrá que pagar por los daños o pérdida de estos materiales.

- Si**, mi hijo/hija puede pedir prestado, materiales de la biblioteca
- No**, mi hijo/hija no puede pedir prestado, materiales de la biblioteca

Firma de Padre: \_\_\_\_\_ Nombre del Estudiante: \_\_\_\_\_

Fecha: \_\_\_\_\_ Maestro/a: \_\_\_\_\_



# Wilson

## School District No.7

3025 East Fillmore Street • Phoenix, AZ • 85008

Telephone (602) 681-2200 Fax (602) 275-7517

### **Wilson Attendance Mandate (W.A.M.) Truancy Prevention Program**

In order to provide the highest quality education for all students, Wilson School District enforces attendance and truancy policies to ensure that our students attend regularly.

State Law, 15-803, states that “it is unlawful for any child between six and sixteen years of age to fail to attend school during the hours school is in session,” unless the child is excused. The state law defines excused absence reasons as illness, medical appointments, bereavement, family emergencies, and out of school suspensions. Under state law 15-806, students that will be missing a day of education due to religious purposes must have a written consent from a legal guardian, and “any religious instruction or exercise must take place at a suitable place away from school property”. Wilson Board Policy, J-1550, states that family vacation swill only be excused one time per year for a total of 3 consecutive instruction days missed.

**Schools must be notified before or on the day of the student’s absence. In addition, after 10 absences, a doctor’s note is required for the absence to be excused.** An absence is considered unexcused if the parent fails to notify the school by person, email, telephone, or voicemail or if the absence is not considered acceptable for missing a day of education. If the parent does not have access to any form of communication stated previously, a note will be accepted for verification and must be submitted within 24 hours of the student’s return to school. If the parent or legal guardian fails to notify the school, the attendance clerk will mark the absence as unexcused. Wilson has the right to ask for proper documentation of a student’s absence.

- After 3 unexcused absences, the school may send a letter to the parents which will include the number of excused and unexcused absences and the consequences if unexcused absences continue.
- After 5 unexcused absences the school may send a warning letter to the parents.
- After the 6<sup>th</sup> unexcused absence or after 18 excused and unexcused absences, the school will issue a citation to the student and/or parent/guardian. The citation will assign a date for the students and parents/guardians to appear at the Maricopa County Juvenile Court, East Campus. Consequences may include fines and/or community service, etc. Failure to appear may cause a warrant to be issued and/or driver’s license to be deferred.
- Students must arrive to school on time and stay until the end of the school day, excessive tardies and being picked up early excessively may result in a truancy problem as well.

Our goal is for every student to attend school on time and ready to learn. If there is a problem that is interfering with your child’s attendance, or you have questions about the W.A.M. Program, please contact the principal’s secretary.

I have read and understand the Wilson Attendance Mandate.

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

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_



# Wilson

## School District No.7

3025 East Fillmore Street • Phoenix, AZ • 85008

Telephone (602) 681-2200 Fax (602) 275-7517

### **Wilson Attendance Mandate (W.A.M.) Truancy Prevention Program**

Con el fin de proporcionar una educación de la más alta calidad para todos los estudiantes, el Distrito Escolar de Wilson hace cumplir las políticas de asistencia y ausentismo escolar para garantizar que nuestros estudiantes asistan regularmente.

La ley estatal, 15-803, establece que "es ilegal que cualquier niño de entre seis y dieciséis años no asista a la escuela durante las horas en que la escuela está en sesión", a menos que el niño tenga una excusa. La ley estatal define las razones de ausencia justificada como enfermedad, citas médicas, duelo, emergencias familiares y suspensiones fuera de la escuela. Según la ley estatal 15-806, los estudiantes que faltarán a un día de educación debido a motivos religiosos deben tener un consentimiento por escrito de un tutor legal, y "cualquier instrucción o ejercicio religioso debe realizarse en un lugar adecuado fuera de la propiedad escolar". La Política de la Junta de Wilson, J-1550, establece que las vacaciones familiares solo se excusarán una vez al año por un total de 3 días consecutivos de instrucción perdidos.

**Las escuelas deben ser notificadas antes o el mismo día de la ausencia estudiantil. Además, después de 10 ausencias, se requiere una nota del médico para que se justifique la ausencia.** Una ausencia se considera injustificada si el padre no notifica a la escuela por persona, correo electrónico, teléfono o correo de voz o si la ausencia no se considera aceptable por perder un día de educación. Si el padre no tiene acceso a ninguna forma de comunicación mencionada anteriormente, se aceptará una nota para verificación y debe enviarse dentro de las 24 horas posteriores al regreso del estudiante a la escuela. Si el padre o tutor legal no notifica a la escuela, el empleado de asistencia marcará la ausencia como injustificada. Wilson tiene derecho a solicitar la documentación adecuada de la ausencia de un estudiante.

- Después de 3 ausencias injustificadas, la escuela puede enviar una carta a los padres que incluirá el número de ausencias justificadas e injustificadas y las consecuencias si continúan las ausencias injustificadas.
- Después de 5 ausencias injustificadas, la escuela puede enviar una carta de advertencia a los padres.
- Después de la sexta ausencia injustificada o después de 18 ausencias justificadas e injustificadas, la escuela emitirá una citación al estudiante y/o padre/tutor. La citación asignará una fecha para que los estudiantes y los padres/tutores se presenten en el Tribunal de Menores del Condado de Maricopa, Campus Este. Las consecuencias pueden incluir multas y/o servicio comunitario, etc. La falta de comparecencia puede ocasionar que se emita una orden judicial y/o que se postergue la licencia de conducir.
- Los estudiantes deben llegar a la escuela a tiempo y quedarse hasta el final del día escolar, las tardanzas excesivas y ser recogidos demasiado temprano también pueden resultar en un problema de ausentismo escolar.

Nuestro objetivo es que todos los estudiantes asistan a la escuela a tiempo y listos para aprender. Si hay un problema que interfiere con la asistencia de su hijo, o si tiene preguntas sobre W.A.M. Programa, comuníquese con la secretaria del director.

He leído y comprendo el mandato de asistencia de Wilson.

**Nombre del estudiante:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

**Firma del padre/tutor:** \_\_\_\_\_



# Wilson

## School District No.7

3025 East Fillmore Street • Phoenix, AZ • 85008

Telephone (602) 681-2200 Fax (602) 275-7517

### Parent/Child Acknowledgements

I have reviewed the Wilson School District Code of Conduct with my student and agree with the district's expectations. (A copy of the code of conduct can be found at <https://www.wsd.k12.az.us/codeofconduct>). I am aware that school begins at 8:00 a.m. and that my child needs to arrive at the school and picked up on time. My phone number, address and email address must be current and I will notify the office of any changes

### Media Policy

Wilson School District's policy is to allow photographs, video and audio recordings, comments and/or first names of students to be used in print and electronic materials produced by the District Office. This includes but it not limited to the district website, district social media pages, any other public website for news media or for general educational purposes. Parents and guardians may request that photographs, videos and audio recordings, comments, and/or names of their students not be used by completing a Media Opt-Out Form found at <https://www.wsd.k12.az.us/policies> and returning it to the student's school office.

### Technology

I have been provided with the Wilson School District's Acceptable Use of Electronic Information Resources policy and understand the expectations for myself and my student.

---

Parent Signature

---

Date

---

Student Signature

---

Date



# Wilson

## School District No.7

3025 East Fillmore Street • Phoenix, AZ • 85008

Telephone (602) 681-2200 Fax (602) 275-7517

### Reconocimientos de padres/hijos

He revisado el Código de Conducta del Distrito Escolar de Wilson con mi estudiante y estoy de acuerdo con las expectativas del distrito. (Se encuentra una copia del código de conducta en <https://www.wsd.k12.az.us/codeofconduct>). Soy consciente de que la escuela comienza a las 8:00 a. m. y que mi hijo debe llegar a la escuela y ser recogido a tiempo. Mi número de teléfono, dirección y correo electrónico deben estar actualizados y notificaré a la oficina de cualquier cambio.

### Política de publicación de media

La política del Distrito Escolar de Wilson #7 es permitir que se utilicen fotografías, grabaciones de audio y video, comentarios y/o nombres de los estudiantes en materiales impresos y electrónicos producidos por la Oficina del Distrito. Esto incluye, entre otros, el sitio web del distrito, las páginas de redes sociales del distrito, cualquier otro sitio web público para medios de comunicación o con fines educativos generales. Los padres y tutores pueden solicitar que no se usen fotografías, videos y grabaciones de audio, comentarios y/o nombres de sus estudiantes completando un Formulario de exclusión de medios que se encuentra en <https://www.wsd.k12.az.us/policies> y devolverlo a la oficina de la escuela del estudiante.

### Tecnología

Me han proporcionado la política de uso aceptable de recursos de información electrónica del distrito escolar de Wilson y entiendo las expectativas para mí y mi estudiante.

\_\_\_\_\_  
Firma del padre/tutor

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del estudiante

\_\_\_\_\_  
Fecha



## Student Transportation Card

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

Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please tell us how your student will be arriving and dismissing from school.

	Arrival	Dismissal
<p><b>Bus</b> If your student is taking the bus please circle which bus route.</p>	<p>Blue      Yellow</p> <p>Green      Wilson</p>	<p>Blue      Yellow</p> <p>Green      Wilson</p>
<p><b>Car Line</b></p>		
<p><b>Walk</b> Students in Kinder-2nd grade must be accompanied.</p>		
<p><b>Program/Daycare</b> Please specify which program/daycare your student is participating in before or after school</p>		

Cross Streets: \_\_\_\_\_ and \_\_\_\_\_

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

**\*Students in Kindergarten and 1<sup>st</sup> grade must have an adult at the bus stop.**



## Tarjeta de Transporte Estudiantil

Nombre del estudiante: \_\_\_\_\_

Maestro: \_\_\_\_\_

Grado: \_\_\_\_\_

¿Cómo llegará y saldrá su estudiante de la escuela?

	Llegada		Salida	
<b>Autobús</b> Si su hijo va a tomar el autobús, marca cual ruta del autobús.	Azul	Amarillo	Azul	Amarillo
	Verde	Wilson	Verde	Wilson
<b>Línea de carros</b>				
<b>Caminar</b> Los estudiantes de Kinder a 2 <sup>do</sup> grado deben estar acompañados.				
<b>Programa/ Guardería</b> Especifique en qué programa/guardería participa su estudiante antes o después de la escuela.				

Calles Principales: \_\_\_\_\_ y \_\_\_\_\_

Firma del padre/tutor: \_\_\_\_\_

**\*Los estudiantes de Kindergarten y 1er grado deben tener un adulto en la parada del autobús.**





# 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 30<sup>th</sup> Street  
Phoenix, AZ 85008  
Phone: 602-683-2500  
Fax: 602-231-0567

Email: [gleos@wsd7.org](mailto:gleos@wsd7.org)

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

Email: [kduarte@wsd7.org](mailto:kduarte@wsd7.org)

\*\*Please send special education records to: 2929 E Fillmore Street  
Phoenix, AZ 85008  
Fax: 602-683-2402  
Email: [vrobles@wsd7.org](mailto:vrobles@wsd7.org)

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