

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

1st Student's Legal Name:

First Name

Middle Name

Last Name

Date of Birth: _____

Grade: _____

School: _____

2nd Student's Legal Name:

First Name

Middle Name

Last Name

Date of Birth: _____

Grade: _____

School: _____

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

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 | Reason for rejection: | <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 _____



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

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

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

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



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 th -8 th 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 No. 7
STUDENT RESIDENCY QUESTIONNAIRE

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

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

Name of person with whom student resides:

I am the:

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

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

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

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

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

Name	Age	School	Grade

The undersigned certifies that the information provided above is accurate.

 Parent/Guardian/Caregiver Signature

 Date

Wilson School District #7

Acceptable Use of Electronic Information Resources

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 3rd 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

Guardian Signature:

Date:

X

Student Name:

X

Student Signature:

Date:

X

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

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 6th 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

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



Student Transportation Card

Student Name: _____

Teacher Name: _____ Grade: _____

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

	Arrival	Dismissal
<p>Bus 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>Car Line</p>		
<p>Walk Students in Kinder-2nd grade must be accompanied.</p>		
<p>Program/Daycare Please specify which program/daycare your student is participating in before or after school</p>		

Cross Streets: _____ and _____

Parent Signature: _____

***Students in Kindergarten and 1st grade must have an adult at the bus stop.**



WILSON ELEMENTARY SCHOOL DISTRICT NO. 7

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

REQUEST FOR STUDENT RECORDS

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

Student Name: _____ DOB _____ Grade _____

Previous School Attended: _____

Previous School Phone Number: _____ FAX: _____

Previous School Email: _____

Previous School Address: _____

City: _____ State: _____ ZIP Code: _____

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

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

Email: 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

**Please send special education records to: 2929 E Fillmore Street
Phoenix, AZ 85008
Fax: 602-683-2402
Email: 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