

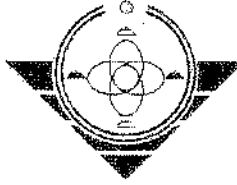
New Student \_\_\_\_\_  
 Returning \_\_\_\_\_

**Ganado Unified School District No. 20**  
**Ganado, AZ 86505**

DOCUMENT CHECKLIST:	
IMMUN:	
Birth Cert:	
CIB:	
Lang. Surv.	
Res. Affidavit	
506 Form	
Official W:	
Trans Req:	
SM ENTRY:	

FOR OFFICE USE ONLY:

Grade	
Entry Date	
ID#	
Teacher	
Counselor	



**SECTION A: STUDENT INFORMATION**

NAME OF STUDENT \_\_\_\_\_ GENDER \_\_\_\_\_ SS# \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ Census # \_\_\_\_\_  
 PLACE OF BIRTH \_\_\_\_\_

Is this student Hispanic/Latino? (Circle only one)	No	Not Hispanic	Yes	(A person having origins in any of the original peoples of North & South America, incl Central America, who maintains Tribal Affiliation)		
	RACE: (Choose one or more)		Asian	American Indian / Alaskan Native	Black/ African American	White

PREVIOUS SCHOOL ATTENDED \_\_\_\_\_  
 PREVIOUS SCHOOL ADDRESS \_\_\_\_\_  
 STUDENT WILL: WALK  **OR**  RIDE BUS

**DIRECTIONS TO HOME:**

LIVE W/ PARENTS YES \_\_\_\_\_ NO \_\_\_\_\_ RESIDENCE CHAPTER \_\_\_\_\_

GUARDIAN (COURT ASSIGNED)	RELATIONSHIP TO CHILD
NAMES OF BROTHERS & SISTERS ATTENDING G.U.S.D. & GRADE	

**SECTION B: PARENT INFORMATION**

NAME OF FATHER \_\_\_\_\_ C# \_\_\_\_\_ TRIBE \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ HOME PH# \_\_\_\_\_  
 WORKPLACE \_\_\_\_\_ BUS. PH# \_\_\_\_\_

EMAIL ADDRESS:	CELL PH#
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NAME OF MOTHER \_\_\_\_\_ C# \_\_\_\_\_ TRIBE \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ HOME PH# \_\_\_\_\_  
 WORKPLACE \_\_\_\_\_ BUS. PH# \_\_\_\_\_

EMAIL ADDRESS:	CELL PH#
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**SECTION C: OTHER INFORMATION**

PRIMARY HOME LANGUAGE SURVEY: (Included w/ Enrollment Packet)  
 What is the primary language used in the home regardless of the language spoken by the student?  
 \_\_\_\_\_  
 What is the Language most often spoken by the student?  
 \_\_\_\_\_  
 What is the Language that the student first acquired?  
 \_\_\_\_\_

ANY KNOWN ALLERGIES, GLASSES, OR MEDICAL PROBLEMS:

PERSON TO CONTACT IN CASE OF AN EMERGENCY

\*This contact is allowed to checkout your child & must have a phone #

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE# \_\_\_\_\_  
LOCATION OF HOME: \_\_\_\_\_

SECTION D: ADDITIONAL CONTACTS (Please Note: These contacts may be contacted in emergencies)

NAME OF CONTACT \_\_\_\_\_ HOME PH# \_\_\_\_\_ BUS. PH# \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ CELL PH# \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
\*Please initial if allowed to checkout your child \_\_\_\_\_ Relationship \_\_\_\_\_

NAME OF CONTACT \_\_\_\_\_ HOME PH# \_\_\_\_\_ BUS. PH# \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ CELL PH# \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
\*Please initial if allowed to checkout your child \_\_\_\_\_ Relationship \_\_\_\_\_

NAME OF CONTACT \_\_\_\_\_ HOME PH# \_\_\_\_\_ BUS. PH# \_\_\_\_\_  
OCCUPATION \_\_\_\_\_ CELL PH# \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
\*Please initial if allowed to checkout your child \_\_\_\_\_ Relationship \_\_\_\_\_

SECTION E: ADDITIONAL INFORMATION

SPECIAL INSTRUCTIONS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO WHOM IT MAY CONCERN:

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

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

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

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

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

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

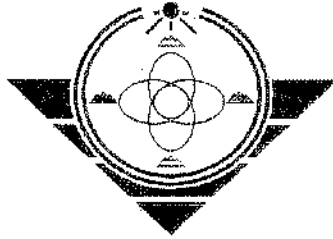
DATE: \_\_\_\_\_

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

Office Use Only

7/1/2014

Stamp Date Entered into SAP



To meet federal reporting guidelines, the Ganado Unified School District, is collecting the information requested below. Attached you find an explanation for the collection of this information. Please complete the survey and return to your child's school. Any questions, please feel free to call Leola Thompson @ (928) 755-1047. Thank you.

### Ethnicity Re-Survey to meet New Federal Reporting Requirements

#### PART A:

Is this student Hispanic/Latino? (Choose only one)

- NO**, not Hispanic/Latino
- YES**, Hispanic/Latino (A person who is Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture or origin, regardless of race)

#### PART B:

What is the student's race? (Choose one or more)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation.)
- Asian** (A person having origins in any of the original people of the Far East, Southeast Asia Or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original people Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, Middle East, or North Africa.)



State of Arizona  
Department of Education  
Office of English Language Acquisition Services

## Primary Home Language Other Than English (PHLOTE) Home Language Survey (Effective April 4, 2011)

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

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_
3. What is the language that the student first acquired? \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

-----  
Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

DEPARTMENT OF EDUCATION  
OFFICE OF INDIAN EDUCATION  
WASHINGTON, DC 20202  
STUDENT ELIGIBILITY CERTIFICATION  
Elementary and Secondary Education Act, Title IX Part A

Parents: In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition from the Act may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form which contains at least the child's name, the name of the tribe, band or group, and your date signature, your child cannot be counted by the school for funding under the Act. **Please return completed form to your child school.**

Definition: Indian means any individual, or a parent or grandparent, who is (1) a member (as defined by the Indian tribe, or band) of an Indian tribe, or band, including those Indian tribes, bands, or group terminated since 1940, and those recognized by the State in which the reside; or (2) considered by the Secretary of the Interior to be an Indian for any purpose; or (3) an Eskimo or Aleut or other Alaska Native; or (4) a member of an organized Indian group the received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Name of Child \_\_\_\_\_ D.O.B. \_\_\_\_\_  
As shown on school enrollment records

School Name \_\_\_\_\_

Name of Tribe, Band or Group \_\_\_\_\_

Tribe, Band or Group is: ( Check One)

\_\_\_\_\_ Federally Recognized including Alaska Native

\_\_\_\_\_ State Recognized

\_\_\_\_\_ Terminated

\_\_\_\_\_ Organized Indian Group meeting # 4 of the definition above

Name of individual with tribe membership: \_\_\_\_\_

Individual named is (check One):

\_\_\_\_\_ CHILD \_\_\_\_\_ CHILD'S PARENT \_\_\_\_\_ CHILD' GRANDPARENT

Proof of membership, as defined by tribe, group:

A. Membership or enrollment no. (if readily available) \_\_\_\_\_ OR

B. Other (explain)

Name and address of organization maintaining membership data for the tribe, band or group:

\_\_\_\_\_  
Agency

I verify that the information provided above is accurate:

PARENT'S SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

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



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

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

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

- \_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_ Real estate deed or mortgage documents
- \_\_\_ Property tax bill
- \_\_\_ Residential lease or rental agreement
- \_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_ Bank or credit card statement
- \_\_\_ W-2 wage statement
- \_\_\_ Payroll stub
- \_\_\_ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
  
- \_\_\_ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

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

\_\_\_\_\_  
Date

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes.

**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 use 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

Received Special Education Services before  
When & where? \_\_\_\_\_

Was in the process of being referred  
When & where? \_\_\_\_\_

Was in the process of being evaluated  
When & where? \_\_\_\_\_

Had a Psychoeducational evaluation &/or other evaluations  
When & where? \_\_\_\_\_

Had an IEP  
When & where? \_\_\_\_\_

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 No. 20

OFFICE OF REGISTRATION DEPARTMENT



## AUTHORIZATION TO TRANSFER EDUCATION RECORDS

I, \_\_\_\_\_, the parent of or legal guardian  
of \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Authorize the transfer of:

_____ Transcript of Grades	_____ Athletic Eligibility
_____ Withdrawal Paper	_____ Health Records
_____ AIMS/Azella Test Results	_____ Special Education Records
_____ Back Ground Check	_____ Leave Grades
_____ Guardianship Paper	_____ Cumulative Records Birth Certificate, CIB, SS Card

From: \_\_\_\_\_  
(Complete Address of School Previously Attended)

Fax over copy to: Registrar at 928-755-1502

Mail original to: Ganado High School, Attn: Registrar PO Box 1757 Ganado, Arizona 86505

The school at which the above student intends to enroll or enrolled. This release is in accordance with provisions of the family Education Rights and Privacy Act of 1974.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature- if 18 yrs of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official; Title

\_\_\_\_\_  
Date

Anticipated Year and Date of Graduation \_\_\_\_\_

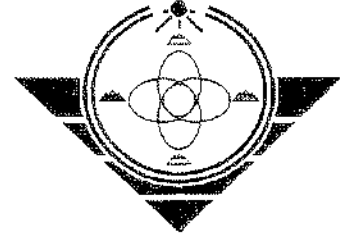


# GANADO UNIFIED SCHOOL DISTRICT No. 20

Exceptional Student Services

Phone: (928) 755-1021

Fax: (928) 755-1022



## PARENTAL PERMISSION FORM AUTHORIZATION FOR RELEASE OF INFORMATION

Date of Request: \_\_\_\_\_

RE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

I hereby authorize: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To release to: **Ganado Unified School District No. 20**  
**SPECIAL EDUCATION DEPARTMENT**  
**PO Box 1757**  
**Ganado, Arizona 86505**

Any information on file as a result of examination or study made on \_\_\_\_\_  
This may be of value in formulating the best plan for the education of my child. This  
request includes \_\_\_\_\_  
\_\_\_\_\_

It is understood that the confidential nature of these records will be maintained. Only  
authorized personnel will have access to this information.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
RELATIONSHIP TO CHILD

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY, STATE, ZIP

XC: Student File



# Ganado Unified School District

PO Box 1757 Ganado, AZ 86505

July 15, 2014

Ganado School Parent(s) Guardian  
RE: **FamilyLink**

Dear Sir or Madam:

Ganado Unified School District is excited to announce its new FamilyLink system for parents!!

FamilyLink is a new web-based tool that will allow parents to log onto the Ganado School Website and view information on their child. Types of information you can view;

- ✓ Attendance
- ✓ Marks (Grades)
- ✓ Schedule
- ✓ Calendar
- ✓ Progress Reports

Each parent will receive a login & password that will allow, ONLY the parent to access ONLY their child(ren)'s information. FamilyLink is a safe, secure way to view your child(ren)'s school information. Each school will be providing a designated time and place to host a training on this new tool.

Please indicate below, if you would like to have your child's information posted on our secure website or IF YOU DO NOT want to have your child's information posted and we will remove them from the list.

If you have any questions, please feel free to call Leola Thompson @ 755-1047 and I will be glad to answer any questions you have.

\_\_\_\_\_ I AGREE to accessing my child's information on the FamilyLink system.

\_\_\_\_\_ DO NOT post my child's Information to the FamilyLink System.

Grade

Student's Name

\_\_\_\_\_  
(Parent) Print Name

\_\_\_\_\_  
(Parent) Signature

\_\_\_\_\_  
Date



USE OF TECHNOLOGY RESOURCES  
IN INSTRUCTION

PARENT/GUARDIAN ACCEPTABLE USE  
AGREEMENT, RELEASE, AND WAIVER

Parent of Guardian

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

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 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.

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

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

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

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