

Guardian Alert

# Vernon Elementary School Emergency Card

Medical Alert

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_ Mother Email \_\_\_\_\_

Physical Address \_\_\_\_\_ Father Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

If parent or Guardian cannot be located, please contact:

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

If one of the above cannot be located, I authorize:

Transportation to hospital by ambulance  Yes  No    Permission for Medical treatment  Yes  No

Transportation to Physician  Yes  No

My family physician is: \_\_\_\_\_ Telephone: \_\_\_\_\_

If yes in any of the above is checked, parents/guardians will assume all financial obligations.

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

Date \_\_\_\_\_

## Medical Information

Do you give permission for your child to be given:

Acetaminophen (Tylenol)  yes  no    Ibuprophen  yes  no    Tums  yes  no

Cough Drops  yes  no    Diphenhydramine (allergy)  yes  no

Please check any known medical conditions that may affect your child while at school?  Heart  Asthma  Kidney

Diabetes  Migraine  Epilepsy  Seizures  Severe Allergies

Please explain all checked boxes \_\_\_\_\_

Please list all medications taken by child \_\_\_\_\_

**No medication will be administered to your child UNLESS YOU PROVIDE THEM.**

Any other information that might be important to your child's well being \_\_\_\_\_

**Guardian/ Custody Information** - that might be needed by school to protect the safety of students such as custody restrictions, restraining orders and other legally documented matters. Please provide to the school any legal documents pertinent to the information given. \_\_\_\_\_

**VERNON ELEMENTARY SCHOOL DISTRICT #9**

**P.O. Box 89 – 90CR – Vernon Az. 85940 Phone: 928-537-5463 Fax: 928-537-1820**

Returning Student     New Student

For office use only:	
Date of Enrollment _____	Entry Code ____-____
Date Entered in PowerSchool _____	By _____

Student's Name:

First	Middle	Last (Legal)	Preferred
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M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Entering Grade \_\_\_\_\_

Citizenship \_\_\_\_\_ SAIS# \_\_\_\_\_

Ethnicity: Caucasian    Hispanic    American Indian    African American    Asian    Other \_\_\_\_\_

Is student currently living in temporary housing due to hardship?    Yes    No

**PARENT INFORMATION (with whom the student resides)**

<b>Father (or stepfather) Information</b>	<b>or Legal Guardian</b>	<b>Mother (or stepmother) Information</b>
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Name \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Employment \_\_\_\_\_

Employment \_\_\_\_\_

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

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

Email address \_\_\_\_\_

Email address \_\_\_\_\_

**Please Address Mail to:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

1. What is the primary language in the home regardless of the language spoken by the student? \_\_\_\_\_

2. What is the language spoken most often by the student? \_\_\_\_\_

3. What is the language the student first acquired? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Health Information**

In the event of illness or injury during your absence, list two people who will be responsible for your child, including checking in/out child.

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Emergency Contact

Phone#

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Emergency Contact

Phone #

In the event of accident or illness, and we are unable to contact you. Do you give permission for your child to be taken, at your expense, to the Doctor or Hospital for treatment? yes no

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Family Doctor

Phone #

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Hospital

Phone #

Do you give permission for your child to be given at school:

Acetaminophen (Tylenol) yes no    Ibuprophen yes no    Tums yes no

Cough Drops yes no      Diphenhydramine (allergy) yes no

My child may may not be screened for Vision and Hearing.

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Signature of Parent /Guardian

Date

Any known medical conditions that may affect your child while at school?

Heart Asthma Kidney Diabetes Migraine Epilepsy Other\_\_\_\_\_

Medication Allergies\_\_\_\_\_ Food Allergies\_\_\_\_\_

Physical Restrictions\_\_\_\_\_ Dietary Restrictions\_\_\_\_\_

Medications taken on a regular basis\_\_\_\_\_

Any other information that might be important to your child's well being\_\_\_\_\_

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**Previous School Information** (Please Complete Request for Student Record Form)

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Last School Attended	City	State	District
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Dates Attended	Grade Levels
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Has your child ever been long-term suspended or expelled from any school?  Yes  No

If Yes, where? \_\_\_\_\_.

Has your child ever attended school in the Vernon Elementary School District?  Yes  No

If Yes, when? \_\_\_\_\_.

Has your child ever been retained?  Yes  No

If Yes, what grade? \_\_\_\_\_.

Has your child ever participated in a gifted program?  Yes  No

If Yes,  
What grades? \_\_\_\_\_.

**Special Services Information**

My child was in a Special Education Program at his/her previous school:  Yes  No

If yes, please identify the type of disability (check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Autism/ Asperger's     |
| <input type="checkbox"/> Emotional Disability         | <input type="checkbox"/> Visual Impairment  | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Mild, moderate or severe     | <input type="checkbox"/> Speech/Language    |   |
| <input type="checkbox"/> Mental retardation           | <input type="checkbox"/> Impairment         |   |

# (FERPA) Family Educational Rights Privacy Act

## Designation of Directory Information

During the school year, District staff members may compile non-confidential student directory information specified below.

According to the state and federal law the below-designated directory information may be publicly released to educational, occupational or military recruiting representatives without permission. If the Governing Board permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the District is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. If you do not object to the release of any and all of the below-designated information in writing, then the District must provide military recruiters, upon request, directory information containing the student's name, addresses and telephone listings.

If you do not want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior signed and dated written consent; you must notify the District in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the District Administrator within two (2) weeks of receiving this form. If the School District does not receive this notification from you within the prescribed time, it will be assumed that your permission is given to release your son's/daughter's designated directory information.

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### TO: District Administrator:

I do not want any or all the information I have checked below concerning (student's name) \_\_\_\_\_ designated as directory information and released to any person or organization without my prior written notice.

- Name       Address
- Telephone listing
- Electronic mail address
- Photograph
- Date and Place of Birth
- Dates of Attendance     Grade level
- Major field of study
- Honors and awards received
- Enrollment status (part time or full time)
- Participation in officially recognized activities and sports
- Weight and Height of members of athletic teams
- Most recent educational agency or institution attended

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

Annual Notification to Parents Regarding Confidentiality of Student Educational Records [34 C.F.R.300.561 and 300.572]

Dear Parents:

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age (“eligible students”) certain rights with respect to the student’s educational records. The Governing Board has established written policies regarding the collection, storage, retrieval, release, use, and transfer of student educational information collected and maintained pertinent to the education of all students to ensure the confidentiality of the information and guarantee parents’ and students’ rights to privacy. These policies and procedures are in compliance with:

The Family Education Rights and Privacy Act; Title20, United States Code, Sections 1232g and 1232h and the Federal Regulations (34 C.F.R. Part 99) issued pursuant to such act;

Uniting ad Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act of 2001(USA PATRIOT ACT);

No Child Left Behind Act of 2001 (NCLB)

The Individuals with Disabilities in Education Act 20 U.S.C. Chapter 33, and the Federal Regulations (34 C.F.R Part 300);

Arizona revised Statutes, Title 15, sections 141 and 142.

Student education records are collected and maintained to help in the instruction, guidance, and education progress of the student, to provide information to parents and staff members, to provide a basis for the evaluation and improvement of school programs, and for legitimate educational research. The student records maintained by the District may include – but are not necessarily limited to, identifying data, report cards and transcripts of academic work completed standardized achievement test scores, attendance data reports of psychological testing, health data, teacher or counselor observations, and verified reports of serious or recurrent patterns.

These records are maintained in the office of the District under supervision of the school administrator and are available only to the teacher and staff members working with the student. Upon request the School discloses education records, including disciplinary records, without consent to officials of another school district in which a student seeks or intends to enroll. Otherwise, records are not released to most agencies, persons or organizations without prior signed and dated written consent of the parent [34 C.F.R 99.7]. The signed and dated written consent may be electronic form under certain conditions [34 C.F.R 9930]

You shall be informed when personally identifiable collected, maintained, or used is no longer needed to provide educational services to your child. The information must be maintained for two (2) years after date your child was last enrolled in the school district.

You have the right to inspect and review and all records related to your child within forty-five (45) days of the day of receiving a request for access, including a listing of persons or organizations who have reviewed or have received copies of the information. [34 C.F.R 99.7]. Parents who wish to review their children’s records should contact the principal for an appointment or submit to the principal a written request that identifies the records(s) you wish to inspect. School personnel will be available to explain the contents of the records to you. Copies of Student education records will be made available to parents when it is not practicable for you to inspect and review the records at the school. Charges for the copies of records will be costs of copying unless the fee prevents the parent from exercising rights to inspect and review those records.

You have the right to request an amendment be made to the student's education records and to add comments of your own if you believe information in the record file is inaccurate or misleading [34 C.F.R. 99.7(a) (1)]. You should right the District Administrator, clearly identify the part of the record you want changed, and specify why it is inaccurate or misleading. If the school decides not to amend the record as requested by you, the School will notify you of the decision and advise you of the right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to you when notified of the right to a hearing.

You have the right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health and medical staff and law enforcement unit personnel): A person serving on the School Board; a person or company with whom the School has contracted to perform a special task (such as attorney, auditor, medical consultant or therapist): or a parent, or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Copies of the district student records confidentiality policies and procedures may be reviewed in the assigned office in each school. [34 C.F.R. 99.7]. You have the right to file a complaint with the Family Educational Rights of Privacy Act Office in Washington D.C., concerning alleged failures by the School to comply with the requirements of FERPA [34 C.F.R. 99.7]. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office

U.S. Department of Education

400 Maryland Avenue, SW

Washington, DC 20202-4605

# Student Residency Questionnaire

Vernon Elementary School District #9  
 P.O. Box 89, Vernon, Az. 85940  
 928-537-5463 FAX 928-537-1820

1. Where are you and your family currently staying?

**Section A**

If you rent/ own your home, sign under item 3 and submit to school personnel.

**Section B**

- Temporarily with another family because we cannot afford or find affordable housing.
- The student(s) live with an adult that is not a parent or legal guardian, or alone without an adult.
- In a hotel/motel.
- In a vehicle of any kind, trailer park or campground without running water/ electricity, abandoned building or substandard housing.
- In an emergency/ transitional shelter.
- Other

Continue: If you checked a box in Section B, complete the remainder of this form.

2. If you are checked a box in Section B, your child/children may be eligible for additional educational services under the McKinney- Vento Act and may be entitled to immediate enrollment in school even if they don't have documents normally needed, such as proof of residency, school records, immunization and birth certificate. Under the McKinney –Vento Act, students may be entitled to free transportation and other services.

Last	First	M/F	DOB	Grade	School Name

3. The undersigned certifies that the information provided above is accurate and a copy of “What You Need to Know to Help Your Child in School” as a parent information of the McKinney-Vento Homeless Assistance Act has been received.

Print Parent/ Guardian Name	Signature	Date
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Area code/ Phone Number	Street Address	City	State	Zip
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For School Use Only: Doubled up Doubled up /Unaccompanied youth Hotel/ Motel Unsheltered  
Sheltered Unknown Brochure given



# Arizona Residency Documentation Form Directions

## If you fill out side 1 of Form 2306606:

1. Parent(s) or legal guardian(s) that maintain his or her own residence: The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide one of the following documents, which bear the parent or legal guardians full name and residential address or physical description of the property where the student resides (no P.O. Boxes).

- Valid Arizona driver's license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid United States passport
- Property deed
- Mortgage documents
- Property tax bill
- Rental agreement or lease (including section 8 agreement)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- Payroll Stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe
- Other documentation from a state, or federal agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security, etc.)

## If you fill out side 2 of the form 2306606:

Parent(s) or legal guardian (s) that does not maintain his or her own residence: The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit bearing the name and address of the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the bulleted list above bearing the name and address of the person who maintains the residence.



# Arizona Department of Education

## Arizona Residency Documentation Form

### Side 1

Student: \_\_\_\_\_ School \_\_\_\_\_ District \_\_\_\_\_

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.

**Proof of residency must be updated yearly**

- Valid Arizona driver's license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid United States passport
- Property deed
- Mortgage documents
- Property tax bill
- Rental agreement or lease (including section 8 agreement)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- Payroll Stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe
- Other documentation from a state, or federal agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security, etc).

I am currently unable to provide any of the foregoing documents. Therefore, I have provided and 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



**State of Arizona**  
**Affidavit of Shared Residence**  
**Side 2**

I swear or affirm that I am a resident of the state of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me:

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Location of my Residence:

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I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property.

- Valid Arizona driver's license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid United States passport
- Property deed
- Mortgage documents
- Property tax bill
- Rental agreement or lease (including section 8 agreement)
- Utility bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- Payroll Stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe
- Other documentation from a state, or federal agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security, etc).

Printed Name of Affidavit: \_\_\_\_\_ Signature of Affidavit: \_\_\_\_\_

**Acknowledgement**

**State of Arizona County of \_\_\_\_\_**

**The forgoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

**By \_\_\_\_\_ . Notary \_\_\_\_\_**

**My Commission Expires: \_\_\_\_\_**



**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 instruction 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 \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSID \_\_\_\_\_

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

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

School \_\_\_\_\_

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

In AzEds, please enter all three responses.

PHLOTE



**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 aprendices 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?**

\_\_\_\_\_

Distrito

Nombre del estudiante \_\_\_\_\_ Núm. de identificación \_\_\_\_\_

Fecha de nacimiento \_\_\_\_\_ SSID \_\_\_\_\_

Firma del padre o tutor \_\_\_\_\_ 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)

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas

# Vernon Elementary School District #9

## USE OF TECHNOLOGY RESOURCES IN INSTRUCTION

### ELECTRONIC INFORMATION SERVICES USER AGREEMENT

Details of the user agreement shall be discussed with each potential user of the electronic information services (EIS). When the signed agreement is returned to the school, the user may be permitted use of the EIS resources

#### **Terms and Conditions**

*Acceptable use.* Each user must:

- ~ Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- ~ Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- ~ Abide by all copyright and trademark laws and regulations.
- ~ Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- ~ Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- ~ Not use the network in any way that would disrupt the use of the network by others.
- ~ Not use EIS for commercial purposes.
- ~ Follow the District's code of conduct.
- ~ Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.
- ~ Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary action up to and including expulsion for students.

In addition, acceptable use for District employees is extended to include requirements to:

- ~ Maintain supervision of students using the EIS.
- ~ Agree to directly log on and supervise the account activity when allowing others to use District accounts.
- ~ Take responsibility for assigned personal and District accounts, including password protection.
- ~ Take all responsible precautions, including password maintenance and file and directory protection measures, to prevent the use of personal and District accounts and files by unauthorized persons.

**Personal Responsibility.** I will report any misuse of the EIS to the administration or system administrator, as is appropriate.

I understand that many services and products are available for a fee and acknowledge my personal responsibility for any expenses incurred without District authorization.

**Network etiquette.** I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

~ *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages.

~ *Respect privacy.* I will not reveal any home addresses or personal phone numbers or personally identifiable information.

~ *Observe the following considerations:*

~~ Be brief.

~~ Strive to use correct spelling and make messages easy to understand.

~~ Use short and descriptive titles for articles.

~~ Post only to known groups or persons.

### **Services**

The school District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information services (EIS) is used and bears the risk of reliance on the information obtained.

I have read and agree to abide by the School District policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Student or employee)

School \_\_\_\_\_ Grade (if a student) \_\_\_\_\_

### **Note that this agreement applies to both students and employees.**

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read will uphold this agreement.

### **Parent or Guardian Cosigner**

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a School District administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.)

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

**Parent or Guardian Name (print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# REQUEST FOR STUDENT RECORDS

Vernon Elementary School District #9

P.O. Box 89 Vernon, Az. 85940

**Phone 928-537-5463 Fax 928-537-1820**

Parental Consent:

I, \_\_\_\_\_ as parent of \_\_\_\_\_

Consent to the release of the records listed below to the Vernon Elementary School District #9.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Name of last school attended \_\_\_\_\_ last grade attended \_\_\_\_\_

Last school address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Parent/Guardian name \_\_\_\_\_

Current address \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_

Please send all school records, including those checked below, on the above named student.

Birth Certificate  Immunization Records

Transcripts (state and yearly scores)  Education assessments

Important discipline data  Grades at withdrawal

other \_\_\_\_\_

No, this student did not receive Special Education services.

Yes, this student received Special Education services. Along with this form I am sending the most recent IEP and MET/Psychological Evaluation.

Yes, this student received Special Education services. We are an IEP-Pro School.

REPORTS FROM OUTSIDE AGENCIES OR OTHER SERVICES RELATED INFORMATION THAT WOULD ASSIST IN PROVIDING THIS STUDENT WITH APPROPRIATE EDUCATIONAL SERVICES.

All educational records, including, but not limited to special education records, such as IEP'S MET MEETING Summaries, eligibility determination. Psychological/Psycho-educational evaluations and re-evaluations, permanent school records/transcripts student progress reports.



## Request for Giving Medicine at School

### Vernon Elementary School

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

Teacher \_\_\_\_\_

Medication \_\_\_\_\_ Physician \_\_\_\_\_

Diagnosis/ reason for giving \_\_\_\_\_

Time to be given \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Dates from \_\_\_\_\_ to \_\_\_\_\_

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage, and time to be given. An over-the-counter medication must be in the original packaging, with all directions, dosages, compound contents, and proportions clearly marked. Student misuse of medication being self-administered may result in seizure and disciplinary action.

Parent/Guardian Signature

Date

Parent/Guardian Name Printed

A signed physician's statement indicating the necessity must accompany any request for self-administration of medicine, whether it is prescription or over-the-counter medicine except in the case of medication for diagnosed anaphylaxis and breathing disorders requiring handheld inhaler devices. In these cases the student's name on the prescription label is sufficient for the physician's recommendation.

Additional Comments or Instructions:

**CONTRACT CARRIER AGREEMENT**  
School Year 20\_\_\_\_\_

This contract is an agreement entered into between \_\_\_\_\_  
(the Contractor/Parent/Guardian) and the Vernon Elementary School for the period  
beginning \_\_\_\_\_ and ending on \_\_\_\_\_. The sole purpose of this  
agreement is to reimburse the Contractor/Parent/Guardian for mileage driven from  
their residence to the nearest bus stop. The following provisions shall apply during the  
term of this agreement.

Provisions:

- 1) The Contractor/Parent/Guardian residence **must be a minimum of one-half (1/2) mile one-way to the nearest bus stop.**
- 2) The Vernon Elementary School shall reimburse at the rate of \$.445 per mile. The reimbursement shall be calculated per round trip driven by Contractor/Parent/Guardian.
- 3) The Contractor/Parent/Guardian shall notify the Vernon Elementary School of any changes which would affect the reimbursement calculation, for example a change of residence. Failure to comply with this provision could result in legal action being taken for repayment of non-qualifying reimbursement(s).
- 4) The terms for issuance of reimbursement check shall be Net 30 days from last day of qualifying month.
- 5) This contract agreement may be terminated by the Vernon Elementary School should the AZ State Legislature revoke funding for contracted mileage, or any other reason beyond our control.
- 6) Normally, checks will be issued 30 days after the close of the prior month.

**Please answer the following:** Does your student live within the Vernon Elementary school district. Yes \_\_\_\_ NO \_\_\_\_ If No what district \_\_\_\_\_

Dated: \_\_\_\_\_

I agree to the terms of this contract: \_\_\_\_\_

Printed contactor name \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Date moved into this address: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_  
School attending \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_  
School attending \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_  
School attending \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_  
School attending \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_  
School attending \_\_\_\_\_

**Please provide a detailed map of directions to your residence below so that the mileage can be verified. Return in person or mail to Vernon School, Attn. Transportation Dept. P. O. Box 89, Vernon, AZ 85940**



Below for office use only

Date Received	Date Verified	Mileage to Stop	Extra Trips	Total Mileage

# **Vernon Elementary School District # 9**

*“Home of the Huskies”*

P.O. Box 89 • Vernon, Arizona 85940

Phone: (928) 537-5463 • Fax: (928) 537-1820

## **Swift K12**

### **SCHOOL TO HOME COMMUNICATIONS**

**Vernon Elementary School District** is pleased to announce the success of the **SwiftK12**. This is our school-to-parent communications service.

With the **SwiftK12** service, our school sends periodic and personalized voice messages to parents within minutes. SwiftK12 service is used to complement the District's *Emergency Preparedness Procedures* and to inform parents of upcoming school events such as statewide testing, fundraisers and changes in regular class times.

The **SwiftK12** service enables the District Administrator and Teachers to personally communicate with parents about emergency situations, school events and important issues impacting students in the schools. Essentially, a school principal can make one phone call and reach all of his or her students' families within minutes. Furthermore, in an emergency situation, this allows the school the ability to make one phone call to reach everyone in the entire district within minutes.”

It is important that the schools have all of the current telephone numbers and emails for each and every parent so that they will not miss out on any important communications. A contact information sheet is being sent home with each student this week for the parents to verify that the District has the most current information. Each parent is encouraged to complete the contact information as soon as possible and return it to their child's school. If any parent did not receive a contact information form from their child's school, they should contact the administration office at Vernon Elementary School.

Student Name \_\_\_\_\_ School: **Vernon Elementary School**

**Directions:** Please indicate which phone numbers/email you want us to use when contacting you through the *SwiftK12* messaging service.

1. Please fill in all available numbers/email on the lines provided below.
2. If there are Parents/ Guardians living in separate locations, please list additional numbers that can also receive all calls.

**These will be used in case of emergency. Please keep these current. You may call the school at any time to update your phone number/email. There must be at least one phone number and one email.**

1<sup>st</sup> Parent/Guardian

Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ voice text

E-Mail: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian

Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ voice text

E-mail: \_\_\_\_\_



## Vernon Elementary School

Date \_\_\_\_\_

Dear Parent or Guardian,

Vernon Elementary School offers counseling services for students enrolled in school. Children receive individual counseling for their specific educational needs. Our Certified School Guidance Counselor, Tiffany Stirling M.Ed., N.C.C. consults with classroom teachers to assure that sessions are pertinent to students' needs at the time. Mrs. Stirling is a National Certified Counselor. Mrs. Stirling will be available for crisis services, behavioral and emotional issues on an as needed basis for teacher referrals. Your written permission is required for your student to receive or participate in **regularly** scheduled counseling sessions. Mrs. Stirling will not request parent permission if it is deemed a consultation or a one-time emergency service at a teacher or administrator request.

If you have concerns regarding your student, please do not hesitate to bring them to our attention. Counseling will not replace any other community based counseling services your child is enrolled in. It will be a support in the school setting, offering your child someone on-site during the school week to talk to briefly. Mrs. Stirling can also report to and coordinate with the student's outside community based counselor as needed.

Thank you,

Tiffany Stirling M. Ed. N.C.C.

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Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ My student has permission to participate in the school's counseling program including lunch groups as needed (only if referred by a teacher or administrator)

\_\_\_\_\_ I prefer my child not to participate in the school's counseling program

# Vernon Elementary School District

P.O. Box 89-90 CRN 3139-Vernon, AZ 85940

P (928) 537-5463-Fax (928) 537-1820

[www.vemon.k12.az.us](http://www.vemon.k12.az.us)

## Student Media Release Form

As parents/guardians of \_\_\_\_\_, I understand that the school sometimes uses photographs and information about students for newsletters, website and yearbook and other publications. For example, the school sends a list and a group picture of the Vernon S.T.E.A.M. Club to the White Mountain Independent.

As parent/guardian of the student named above, I give permission for my child to be used in photography and for his/her school information and work to be used as parts of news stories to be published in print. I also give permission for my child to be included in photography and their work to be published on the school web page without names present.

Yes, I give my permission for my child's photograph and info to be used.

No, I do not give permission for my child's photograph and info to be used.

---

Signature

Date