

# STUDENT ENROLLMENT FORM

## Demographic Information

Student's Legal Name \_\_\_\_\_  
Last Name

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

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female  
Month Day Year

Place of Birth \_\_\_\_\_  
City State Country

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

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

Present Address \_\_\_\_\_  
Street Apt. # Zip Code

Ethnicity : Hispano/Latino  Yes  No

RACE:  White  Black or African American  Asian  
 Hawaiian or other Pacific Islander  Native American or Alaska Indian Native

## OFFICE USE ONLY

Student ID # \_\_\_\_\_

Grade \_\_\_\_ Homeroom \_\_\_\_\_

Entry Date \_\_\_\_ Code \_\_\_\_

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

Birth Certificate  Out of District  
 Immunizations  Proof of Address

Home District/School \_\_\_\_\_

Bus  AM  PM  
 Bus Stop \_\_\_\_\_

After School Prog. \_\_\_\_\_

Walker  Parent Pick-up

Date of Input \_\_\_\_\_

Name of Registrar \_\_\_\_\_

## Last School Attended

Name of School \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

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? \_\_\_\_\_

## Participation in Programs

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

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

## District Services Survey (The following will help determine if you are eligible for additional services)

### Employment Survey

Have you or your family moved from one town or school district to another within the state or out-of-state within the past three years?  Yes  No

Did the children in your family move with you or join at a later date?  Yes  No

During the last three years, were any of these moves made with the intent to find temporary or seasonal work in farming/agricultural work?  Yes  No

Check all that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Working on a farm              | <input type="checkbox"/> Picking fruits or vegetables | <input type="checkbox"/> Working in a plant nursery/greenhouse |
| <input type="checkbox"/> Working in tobacco green house | <input type="checkbox"/> Working in tobacco           | <input type="checkbox"/> Working on a poultry farm             |
| <input type="checkbox"/> Working with beef cattle       | <input type="checkbox"/> Milking cows                 | <input type="checkbox"/> Tree growing or harvesting            |
| <input type="checkbox"/> Working in a processing plant  |   |  |

**Refugee Education** provides state and federal funds to assist with the education of the children who entered the United States as refugees within the last 5 years. Please fill out the following information if this pertains to you:

Date of Entry in the U.S. \_\_\_\_\_ Language(s) \_\_\_\_\_

*\*Please provide the office with a copy of your I-94 card*

**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 or Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# HOUSEHOLD REGISTRATION FORM

Name of enrolling student: \_\_\_\_\_

Student's Primary Address: \_\_\_\_\_

## 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: \_\_\_\_\_

3<sup>rd</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
Relation to the Student

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
Relation to the Student

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

## Emergency Contact

*Place a checkmark next to emergency contacts who may check the student out of School. \*Emergency contacts must be over 18.*

First Name	Last Name	Relation	Home Phone	Work Phone	Cell Phone
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

## Parent/Guardian Authorizations

Please check all that apply.

### **Media Release**

- I give permission to have my child interviewed/photographed/videotaped by the news media which may result in publication.
- I give permission to have my child interviewed/photographed/videotaped by the school or school district which may result in publication.
- I give my permission to have the school or school district feature my child's schoolwork.

### **Acceptable Use of Network**

- I have received a copy and will read the *Internet Safety Contract*. I give permission for my child to Access all components of the District network and release the District from any and all claims and damages of any nature arising from the use of this network.

### **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.

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

Date \_\_\_\_\_



# Wilson Elementary Medical History and Treatment Form 2021-2022

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
PARENT/GUARDIAN: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_

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

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

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

\_\_\_\_\_

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

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

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

E. 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            |

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

G. Medications: In case of a minor illness, **my child may receive the following medications from the School Nurse or a person designated by the school principal:** (please mark)

- |  |   |
|--|---|
| <input type="checkbox"/> Tylenol/ Acetaminophen for pain/fever       | <input type="checkbox"/> Motrin/ Ibuprofen for severe pain/high fever |
| <input type="checkbox"/> Antibiotic ointment for scrapes/cuts        | <input type="checkbox"/> Bactine for cleaning scrapes/cuts/ pain      |
| <input type="checkbox"/> Hydrogen peroxide for cleaning scrapes/cuts | <input type="checkbox"/> Calamine/Calagel lotion for rashes/ itching  |
| <input type="checkbox"/> Antacid tablet for upset stomach/nausea     | <input type="checkbox"/> Sterile eye wash                             |
| <input type="checkbox"/> Cough drops for sore throat/ cough          | <input type="checkbox"/> Benzocaine gel for tooth pain                |
| <input type="checkbox"/> Campho-phenique gel for insect bites        | <input type="checkbox"/> Vick's Chest Rub for cough/headaches         |

H. My child has a dietary restriction: ( ) Yes ( ) No Explain: \_\_\_\_\_

\*\*\*\*\*

*I hereby give permission to the Wilson School District Nurse 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: \_\_\_\_\_

**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
- \_\_\_\_\_ Valid Arizona Address Confidentiality Program authorization card
- \_\_\_\_\_ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- \_\_\_\_\_ Temporary on-base billeting facility (for military families)

\_\_\_\_\_ 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. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



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



## Arizona Department of Education

Office of English Language Acquisition Services

### Home Language Survey

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

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

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

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

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Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter <u>Wilson School District #7</u>	
School <u>Wilson Primary School</u>	

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 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

## **Parent/Child Knowledge Form (Please sign and return to school)**

I have read and understand the Wilson Handbook including child find, family rights, and privacy acts, AIMS/Testing schedule, discipline, alternative room times, and Responsibility Class procedures. I understand that if my student is assigned Responsibility Class, alternative room, or after school detention, they will be required to remain at school until 4:15 or 5:00 (If I am assigned both RC and After School Detention). I understand that my student will be given the opportunity to call and inform me of the consequence. I also understand that it is my responsibility to keep my phone number and address updated at the school office. I understand that cell phones brought on campus are subject to be confiscated and kept until the end of the semester/year. I will not permit my student to bring a cell phone to school. I will support the Wilson Elementary School District No. 7 rules and procedures.

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

\_\_\_\_\_  
Date

My Parent/Guardian has discussed the Wilson Handbook with me. I understand the discipline and Responsibility Class procedures. I understand that if I am assigned Responsibility Class, alternative room, or after school detention, I will be required to remain at school until 4:15 or 5:00 (If I am assigned both RC and After School Detention) and it is my responsibility to call my parents. I understand the rules and the consequences if I do not follow them.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



# Wilson School District No. 7

## Library Privileges

2021-2022

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 ELEMENTARY SCHOOL DISTRICT NO. 7  
Electronic Information Service User Agreement

User: \_\_\_\_\_  
School: \_\_\_\_\_  
Student #: \_\_\_\_\_

*Please read this document carefully. When by you and, if the user is a student, your guardian/parent, it becomes a legally binding contract. We must have your initials where indicated and your signature, and that of your guardian/parent (if you are under 18), before you may receive an access account.*

#### TERMS AND CONDITIONS

1. **Acceptable Use.** I will use the service to support personal educational objectives within the educational goals and objectives of the District (these may be found in the district document entitled "Policy and Administrative Regulations" Manual). I am personally for this provision at all times when using the electronic information service. I will not transmit any material in violation of any State or United States law. This includes, but is not limited to, copyright material, threatening or obscene material or material protected by trade secret.

I have read and understand this provision. User initial \_\_\_\_\_ Parent/Guardian initial \_\_\_\_\_

2. **Personal Responsibility.** I will report any misuse of the network to the classroom teacher or school administrator. Misuse can come in any forms, but it is commonly viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, and other issues described below. I understand that many services and products are available for a fee and acknowledge the responsibility for any expenses incurred without authorization from the District Technology Committee.

I have read and understand this provision. User initials \_\_\_\_\_ Parent/Guardian initial \_\_\_\_\_

3. **Network Etiquette.** I am expected to abide by the generally accepted rules of network etiquette. These rules include, but are not limited to, the following:
  - a. **BE POLITE.** I will never send or encourage others to send abusive messages.
  - b. **USE APPROPRIATE LANGUAGE.** I will not swear, use vulgarities or any other inappropriate language or anything pertaining to illegal activities.
  - c. **RESPECT PRIVACY.** I will not reveal any personal addresses or phone numbers. I will assume that communications and information accessible via the network is private property.
  - d. **ELECTRONIC MAIL.** I agree that having an electronic mail account is a privilege and not a right. If I am given an electronic mail account I will follow the regulations listed below:
    - I will understand that electronic mail is not private and is open to public record.
    - I will not use someone else's identity and/or password.
    - I will not send, print, request, or store messages that contain fraudulent, harassing, obscene or pornographic messages and/or materials, references to sex or any sexual innuendoes, references to alcohol or drugs, derogatory comments or vulgar language.
    - I will use electronic mail specifically for educational purposes.
    - If I create service messages I will place them on the "News" section of the electronic mail system.
    - I understand that a commercial message must be approved by the District Technology Committee before it is placed on the electronic mail system. I will only place approved commercial messages on the commercial "News" section of the electronic mail system.

WILSON ELEMENTARY SCHOOL DISTRICT NO.7  
Electronic Information Services User Agreement

User: \_\_\_\_\_  
School: \_\_\_\_\_  
Student: \_\_\_\_\_

- I will not create or use any electronic mail communication that violates district policies and/or local, state or federal laws and regulations.
- I understand that the content and maintenance of my electronic mailbox is my responsibility.
- I will not use electronic mail to send copies of documents that are in violation of copyright laws.
- I will report messages relating to or in support of, illegal activities to the teacher or campus principal.

I have read and understand this provision. User initial \_\_\_\_\_ Parent/guardian initial \_\_\_\_\_

4. **Services.** The District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The District specifically denies any responsibility for the accuracy of information obtained. The District will not be held responsible for any damages I suffer while using this service. The damages include loss of data as a result of delays, non-deliveries, or service interruptions caused by the service or any errors or omissions. While the District may make an effort to ensure access to proper materials, I have the ultimate responsibility for how the electronic information service is used and bear the risk of reliance on the information obtained. Use of any information obtained via the information service is at my own risk.

I have read and understand this provision. User initial \_\_\_\_\_ Parent /Guardian initial \_\_\_\_\_

5. **Privileges.** I understand that the use of the information service is a privilege, not a right, and inappropriate use may result in a cancellation of my privileges. Each person who receives an account will participate in District training as to proper behavior and use of the network. The District Technology Committee will decide what is appropriate use and its decision is final. The Computer Services Systems Administrator may close an account at any time if necessary. The administration, staff or faculty of the District may request that the System Administrator deny, revoke or suspend specific se accounts.

I have read and understand this provision. User initial \_\_\_\_\_ Parent/Guardian initial \_\_\_\_\_

6. **Security.** Security on any computer system is a high priority because there are so many users. If I identify a security problem, I will notify the teacher or the System Administrator at once. I will never demonstrate the problem to other users. I will never use another individual's account without written permission from that person. I will never log on to the service as the System Administrator. Any user identified as a security risk will be denied access to the information service. I will not create security problems.

I have read and understand this provision. User initial \_\_\_\_\_ Parent/Guardian initial \_\_\_\_\_

7. **Vandalism.** Vandalism is defined as any malicious attempt to harm or destroy data of another user or of any other agencies or network that is connected to the service. This includes, but is not limited to, the uploading or creation of computer viruses. Any vandalism will result in the loss of computer services and access, disciplinary action and legal referral. I will not vandalize the system.

I have read and understand this provision. User initial \_\_\_\_\_ Parent/Guardian initial \_\_\_\_\_

8. **Updating.** The information service may occasionally require new registration and account information for me to continue the service. I will notify the Teacher or Systems Administrator of any changes in my account information.

I have read and understand this provision. User initial \_\_\_\_\_ Parent/Guardian initial \_\_\_\_\_

WILSON ELEMENTARY SCHOOL DISTRICT NO.7  
Electronic Information Services User Agreement

User: \_\_\_\_\_  
School: \_\_\_\_\_  
Student #: \_\_\_\_\_

REQUIRED SIGNATURES

USER

I understand and will abide by the provisions and conditions of this contract. I understand that any violations of the above provisions may result in disciplinary action, the revoking of my-user account, and appropriate legal action. I also agree to report any misuse of the information service to my school principal. Misuse can 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 and other issues described above.

User Name (please print): \_\_\_\_\_ DOB \_\_\_\_\_

User signature: \_\_\_\_\_ Date: \_\_\_\_\_

Circle one:      Student      Teacher      Administrator      Classified Staff      Volunteer

PARENT OR GUARDIAN  
(If user is Student)

Students under the age of 18 must also have the signatures of a parent or guardian who has read this contract.

As a parent or guardian of this student, I have read this contract and understand that it is designed for educational purposes. I understand that it is impossible for the District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired on the network. I also agree to report any misuse of the information service to the District System Administrator in Computer Services. Misuse can come in many form, but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, and other issues described above.

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

Parent or Guardian Name (please print): \_\_\_\_\_

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

SPONSORING TEACHER  
(If User is Student)

I have read this contract and agree to promote this agreement with the student. As the sponsoring teacher, I agree to instruct the student on acceptable of the networks and proper network etiquette. I also agree to report any misuse of the information service to the District System Administrator. Misuse can 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 and other issues described above.

Teacher Name (please print): \_\_\_\_\_ School \_\_\_\_\_

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

## SCHOOL-PARENT COMPACT

**The Wilson Schools** and the parents of the students participating in activities, services, and programs funded by Title I agree that this compact outlines how they will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards.

This school-parent compact is in effect during the current school year.

**We, as the School, Teachers and Principal will support each student's learning in the following ways:**

1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards as follows:
  - *Emphasizing high academic achievement and challenging each student's desire to learn.*
  - *Providing a positive, safe, and orderly environment.*
  - *Providing regular notification of academic progress and conduct of each student.*
  - *Using technology to enhance instruction.*
  - *During School tutoring and enrichment – RTI model*
  - *120 minute reading blocks*
  - *After School Tutoring*
  - *Special Education Program*
2. Hold parent-teacher conferences during which this compact will be discussed as it relates to the individual child's achievement.
  - Specifically, these conferences will be held in October and January each year.
3. Provide parents with frequent reports on their children's progress. Specifically, the school will provide reports as follows:
  - *Report Cards*
  - *Newsletters, notes home*
  - *Conferences*
  - *Phone Calls*
4. Provide parents reasonable access to staff. Specifically, staff will be available for consultation with parents as follows:
  - *Home Visits*
  - *Voice mail*
  - *E mail*
  - *Daily notes*
  - *Conferences as requested*
5. Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities, as follows:
  - *PTO*
  - *Chaperoning Field Trips*
  - *Book Fair volunteers*
  - *Take home classwork*
  - *Special School events (Picnics, Fall Festival)*

**We, as Parents, will support our children's learning in the following ways:**

- • *Monitoring attendance.*
- • *Making sure that homework is completed.*
- • *Monitoring amount of television my child watches.*
- • *Volunteering in my child's classroom.*
- • *Participating, as appropriate, in decisions relating to my children's education.*
- • *Promoting positive use of my child's extracurricular time.*
- • *Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding, as appropriate.*
- • *Serving, to the extent possible, on policy advisory groups, such as being the Title I parent representative on the school's School Improvement Team, the Title I Policy Advisory Committee, the District wide Policy Advisory Council, the State's Committee of Practitioners, the School Support Team or other school advisory or policy groups.*

**We, as Students, will share the responsibility to improve our academic achievement and achieve the State's high standards. Specifically, we will:**

- *Take responsibility for completing all classwork and homework assignments.*
  - *Attend school regularly and promptly.*
  - *Follow the rules and regulations of the school.*
- Demonstrate the pillars of character: Trustworthiness, Respect, Responsibility, Fairness Caring and Citizenship.*

**Parents Pledge: I will support our children's learning in the following ways:**

- ◆ Let the teacher know if my child has any problems with learning.
- ◆ Use reading and math materials the school sends home each week to help my child.
- ◆ Read to my child 20 minutes a day.
- ◆ Keep a list of new words, and link letters to sounds.
- ◆ Play numbers games with my child every week
- ◆ Help my child see how to use reading and math to pursue his/her interests and goals.

**Students Pledge: I will**

- ◆ Let my teacher and family know if I need help
- ◆ Read on my own and with my family every day
- ◆ Work on my math and reading skills at home, using the materials my teacher sends home
- ◆ Write down assignments, do my homework every day, and turn it in when it's due
- ◆ Write a report each week about a TV program I watch

**Teachers Pledge: We will**

- ◆ Create a partnership with every family in my class
- ◆ Monitor student progress in reading and math and update parents monthly
- ◆ Make sure all students get help as soon as it's needed
- ◆ Send home learning materials in math and reading
- ◆ Explain my approach to teaching, expectations, and grading system to students and their families
- ◆ Continually work on my teaching strategies so that I can successfully teach all children.
- ◆ Assign work that is relevant and interesting
- ◆ Make sure students understand the assignment and what they'll learn from it, and grade it promptly.

Principal's Signature \_\_\_\_\_

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

Parent/Guardian's Signature \_\_\_\_\_

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

Student's Signature \_\_\_\_\_

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

Teacher's Signature \_\_\_\_\_

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



# WILSON ELEMENTARY SCHOOL

2929 East Fillmore Street, Phoenix, AZ 85008

Phone: (602) 683-2400 Fax (602) 275-8677

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

**Ms. Cindy Campton**  
*Principal*

**Mr. Darrin Johnson**  
*Assistant Principal*

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

In order to provide the highest quality educations for all students, Wilson 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. Wilson Board Policy, J-1550, defines excused absence reasons as illness, bereavement, other family emergencies, and observance of major religious holidays of the family’s faith. After 10 days of excused and/or unexcused absences, a doctor’s note will be required to excuse the absence.

An absence is considered unexcused if the parent fails to notify the school by telephone or if the absence is not considered acceptable for missing a day of education. If the parent does not have access to a phone, a note will be accepted for verification and must be submitted within 24 hours of the student’s return to school. If the parent fails to notify the school, the attendance clerk will mark the absence as unexcused.

- 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 student 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 licenses to be deferred.
- Student 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 W.A.M. program, please contact the assistant principal.

I have read and understand the Wilson Attendance Mandate.

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

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

Date \_\_\_\_\_