



CDC/SGH# or name: _____

Arizona Department of Health Services
Bureau of Child Care Licensing

Emergency, Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? ☐ No ☐ Yes Name of Insurance Company:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional comments:	
Other special instructions:	

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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STUDENT REGISTRATION FORM

DATE STUDENT ENROLLED: _____ DATE INPUT IN COMPUTER: _____ ENTRY CODE: _____

This part for school personnel only

Do you decline release of any information for your child, for things such as scholarships, yearbook, pictures, military, newspaper: Please circle one YES NO

STUDENT DATA

Student Name: _____, _____, _____
Last First M. I.

Date of Birth: _____ Country of Birth: _____ State: _____
Only if U.S.A.

Grade Level: _____ Graduation Year: _____

Last Name goes by: _____

Tribal Name: _____

Gender: _____

Ethnicity (circle one) Asian
African - American
Hispanic
American Indian
White

Birth Certificate_____, Immunizations _____, Transcripts_____, Withdrawal form _____ AIMS Test Scores_____

Fathers Name: _____, _____, _____
Last First M.I.

Fathers employer: _____ Fathers day phone: _____

Fathers home phone: _____ Fathers cell phone: _____

Mothers Name: _____, _____, _____
Last First M.I.

Mothers employer: _____ Mothers day phone: _____

Mothers home phone: _____ Mothers cell phone: _____

Home Language: _____ E-mail address: _____

MUST FILL THIS: Guardianship: _____

Physical Address: _____

Mailing Address: _____

Name of last school attended: _____ City: _____ State: _____

Are you currently facing or under any disciplinary action from any other school? Yes _____ No _____

If so describe the incident:_____

Ending date of disciplinary action

Administrative approval: _____ Date: _____

Principal or Assistant Principal

[illegible]

Are there psychological or confidential reports available from student's former school?

Yes: _____ No: _____

What special services has your child received? Special Education/Handicapped _____

Gifted _____ Remedial reading or math _____ Speech/Language _____ Other _____

(specify): _____

1. What is the primary language used in the home regardless of the language spoken by the by the student? _____

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

3. What is the language that the student first acquired? _____

Emergency contact/medical

Vital that this information is given in case of an emergency

Contactos en caso de emergencia

Esta información es vital en caso de una emergencia

Contact #1 _____, _____, Relationship _____
Last First

Phone: _____ Cell: _____

Contact #2 _____, _____, Relationship _____
Last First

Phone: _____ Cell: _____

Contact #3 _____, _____, Relationship _____
Last First

Phone: _____ Cell: _____

Doctor: _____ Phone : _____

Dentist: _____ Phone _____

Special Medical
Considerations: _____

Allergies: _____

I understand that it is the Parent/Guardian's responsibility to update the school if any information changes

Parent /Guardian Signature: _____ Date: _____



Mammoth - San Manuel Public Schools Developmental & Health History Form

(Last modified 10/2005)

Today's Date: _____

Student Information

Student's Name _____

Date of Birth: _____ Age: _____

Sex: ☐ Male ☐ Female

Race / Ethnicity: _____

School: _____ Grade: _____

Teacher: _____

Mailing Address: _____

Physical Address _____

Home Phone: _____

Emergency Phone: _____

Parent Information

Mother's Name: _____

Occupation: _____

Education: _____

Father's Name: _____

Occupation: _____

Education: _____

Parent's Marital Status:

☐ Single ☐ Married
☐ Widowed* ☐ Separated* ☐ Divorced*

*If widowed, separated, or divorced, how old was your child when this took place? _____

Child is currently living with (check all that apply)?

☐ Mother ☐ Father
☐ Stepmother ☐ Stepfather
☐ Grandmother ☐ Grandfather
☐ Foster Parent ☐ Other _____

List all people living in the student's home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational History

List all schools your child has attended:

School	State	Grades/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever been retained?

☐ Yes ☐ No If yes, what grade? _____

Has he or she ever been tested for Special Education?

☐ Yes ☐ No If yes, what grade? _____

Is your child currently in a Special Education Program?

☐ Yes ☐ No If yes, what disability?

- ☐ Preschool Developmental Delay
- ☐ Mental Retardation or Multiple Disabilities
- ☐ Learning Disabled in Reading, Writing, or Math
- ☐ Deaf or Hard of Hearing
- ☐ Blind or Visually Impaired
- ☐ Orthopedic Impairment
- ☐ Other Health Impairment
- ☐ Emotionally Disabled
- ☐ Speech language Impaired
- ☐ Other _____

When does your child do his/her homework?

- ☐ Never or Rarely
- ☐ Right after school
- ☐ Right after dinner
- ☐ Right before school

Do you check your child's homework for accuracy?

☐ Yes ☐ No

Pregnancy & Complications

Did you experience an accident, injury, or disease while pregnant? ☐ Yes ☐ No

Headaches? ☐ Yes ☐ No

High Blood Pressure? ☐ Yes ☐ No

Blurred Vision? ☐ Yes ☐ No

Did you experience other complications?

Explain: _____

Did you take prenatal vitamins? ☐ Yes ☐ No

Did you take medications? ☐ Yes ☐ No

Explain: _____

Did you receive regular prenatal medical care? ☐ Yes ☐ No

Did you use illegal drugs? ☐ Yes ☐ No

Explain: _____

How much alcohol did you drink per MONTH?

☐ None ☐ 1 glass
☐ 2 glasses ☐ 3 glasses
☐ 4 glasses ☐ 5 glasses or more

How many cigarettes did you smoke per DAY?

☐ None ☐ Less than 1/2 pack
☐ 1/2 to 1 pack ☐ More than 1 pack

How long was the pregnancy?

☐ Less than 28 weeks ☐ 29 to 32 weeks
☐ 33 to 36 weeks ☐ 37 to 40 weeks
☐ 41 to 42 weeks ☐ More than 42 weeks

What was your child's birth weight?

☐ Less than 2 lb. ELBW
☐ 2 lb. -- 3 1/2 lb. VLBW
☐ 3 1/2 lb. -- 5 1/2 lb. LBW
☐ 5 1/2 lb. -- 9 lb. NBW
☐ More than 9 lb. HBW

How long were you in active labor? _____

What type of delivery?

☐ Natural ☐ C-Section ☐ Forceps

Did your child experience the following:

☐ Yes ☐ No Fetal Distress
☐ Yes ☐ No Oxygen Deficiency
☐ Yes ☐ No Yellow Jaundice

Treatment? _____

Did your child go home with you from the hospital?

☐ Yes ☐ No _____

Did you breast feed? ☐ Yes ☐ No

Any feeding problems? ☐ Yes ☐ No

Explain: _____

Early Childhood Development

At what age did your child sit up without assistance?

☐ Before 5 months
☐ 5 to 7 months
☐ 7 to 9 months
☐ Does not sit up without assistance

At what age did your child crawl?

☐ Before 6 months
☐ 6 to 8 months
☐ After 8 months
☐ Cannot crawl

At what age did your child stand without assistance?

☐ Before 9 months
☐ 9 to 11 months
☐ After 11 months
☐ Does not stand without assistance

At what age did your child walk?

☐ Before 10 months
☐ 10 to 14 months
☐ After 14 months
☐ Cannot walk

At what age did you potty train your child?

☐ Under 18 months
☐ 18 to 24 months
☐ 24 to 36 months
☐ After 36 months
☐ Not yet potty trained

Speech & Language Development

How old was your child when he/she said his/her first words? (other than mama or dada) What word?

How old was your child when he/she began to string 2 or more words together?

- ☐ Under 18 months
☐ 18 to 24 months
☐ 24 to 36 months
☐ Has not done this yet

Did your child keep adding on new words once he/she started to speak?

☐ Yes ☐ No

Did your child get one or two word phrases then go a long time before adding any new words?

☐ Yes ☐ No

Did your child's speech development ever seem to stop for a period?

☐ Yes ☐ No

Has your child ever spoken better than he/she does now?

☐ Yes ☐ No

Does your child tell a simple story?

☐ Yes ☐ No

Does your child recite nursery rhymes/songs?

☐ Yes ☐ No

Does your child hesitate or stutter?

☐ Yes ☐ No

Does your child follow simple commands?

☐ Yes ☐ No

Does your child follow two-step commands?

☐ Yes ☐ No

Does your child talk?

☐ Frequently ☐ Occasionally ☐ Rarely Ever

How well do you understand your child?

☐ Often ☐ Half of the Time ☐ Rarely Ever

How well do other family members understand your child?

☐ Often ☐ Half of the Time ☐ Rarely Ever

How well do strangers understand your child?

☐ Often ☐ Half of the Time ☐ Rarely Ever

Does your child have problems with speech?

What language do mother & father speak most to the student?

Mother _____ Father _____

What language does your child speak best?

What language do you speak most to your spouse?

Medical Information

Does your child have any hearing problems?

☐ Yes ☐ No

Has your child ever had an ear infection?

☐ Yes ☐ No

How many ear infections since birth?

☐ 1 or 2 ☐ 3 or 4 ☐ 5 or 6 ☐ 7 or more

Have tubes been placed in your child's ears?

☐ Yes ☐ No

Does your child have any vision problems?

☐ Yes ☐ No

Does your child have any on going health problems?

Has he/she ever been hospitalized? ☐ Yes ☐ No

Please, list any hospitalizations and child's age.

Please, list any medication your child is currently taking.

Has your child ever had any of the following:

Condition:	What Age?
<input type="checkbox"/> Asthma	
<input type="checkbox"/> Allergy, Hives, Hay fever	
<input type="checkbox"/> Attention Deficit Hyperactivity Disorder	
<input type="checkbox"/> Bowel Problems	
<input type="checkbox"/> Broken Bones / Injuries	
<input type="checkbox"/> Child Abuse	
<input type="checkbox"/> Chicken Pox	
<input type="checkbox"/> Cancer	
<input type="checkbox"/> Convulsions / Epilepsy	
<input type="checkbox"/> Dizziness / Fainting	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Encephalitis / Meningitis	
<input type="checkbox"/> Encopresis / Enuresis	
<input type="checkbox"/> Fever Related Seizures	
<input type="checkbox"/> High Fever (105° or higher)	
<input type="checkbox"/> Head Injury	
<input type="checkbox"/> Heart Problems	
<input type="checkbox"/> Infectious Diseases	
<input type="checkbox"/> Lice	
<input type="checkbox"/> Lead Poisoning	
<input type="checkbox"/> Menstrual Cramping	
<input type="checkbox"/> Nose Bleeds	
<input type="checkbox"/> Obesity	
<input type="checkbox"/> Peri-ventricular Leukomalacia	
<input type="checkbox"/> Psychological Disorders	
<input type="checkbox"/> Severe Headaches	
<input type="checkbox"/> Stomach Aches	
<input type="checkbox"/> Strep Throat	
<input type="checkbox"/> Toothaches	
<input type="checkbox"/> Whooping Cough	
<input type="checkbox"/> Other _____	

Are there any limits or restrictions that affect your child's ability to participate in Physical Education class or other activities? Please describe:

Behavioral Information

What are your child's personal strengths?

What concerns you the most about your child?

How do you choose to discipline your child when he/she misbehaves (Check all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Ignore | <input type="checkbox"/> Scold or Lecture |
| <input type="checkbox"/> Take away privileges | <input type="checkbox"/> Spank or swat |
| <input type="checkbox"/> Take away toys. | <input type="checkbox"/> Give extra chores |
| <input type="checkbox"/> Send to his/her room | <input type="checkbox"/> Other _____ |

Check the boxes that best describes describe your child?

Area of Concern	Not a Problem	Little Problem	Big Problem
Fidgets way too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interrupts others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doesn't finish chores / work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgetful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doesn't follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very slow at learning new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doesn't like changes to routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cries easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not like to be touched	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shy or fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sad and depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wants to be left alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angry and resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argues with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tells lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses foul language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets into fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays with fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is cruel to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is in trouble with the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Struggles in Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Struggles in Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Struggles in Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Struggles in Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will not do homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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.

RACE and ETHNICITY DATA COLLECTION FORM

In accordance with Federal guidelines, a two-part question must be used to collect data about student race and ethnicity. The first part of the question is on ethnicity and the second is on race. The race question can have multiple values.

Student Name:

Grade Level:

Parent/Guardian Signature: _____

Race/Ethnicity Two-Part Question: Please answer BOTH questions.

The order of the questions is important. The ethnicity question must be asked first, and both questions must be answered.

Part 1: Ethnicity Is this student (or is the respondent) Hispanic or Latino? (Choose only one)

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

Part 2: Race What is the student's (or respondent's) race? (Regardless of how respondent answered the first question, choose one or more.)

- ☐ American Indian or Alaska Native (A person having origins in any of the original tribal peoples of North and South America, including Central America, and who maintains affiliation or community attachment.)
- ☐ Asian (A person having origins in any of the original peoples 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 peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Mammoth-San Manuel Unified School District
Residency Questionnaire

Student's Name: _____ School: _____

This questionnaire is intended to address the legal requirements under the McKinney-Vento Act. Your answers will help the Homeless Student Liaison administrator determine the necessary residency documents for enrollment of this student.

Question 1. What are the student's current nighttime living conditions? (Check or

Section A.

- ☐ The student lives in a shelter for the homeless or an emergency shelter.
- ☐ The student lives in a motel, campsite, or other temporary situation.
- ☐ The student lives on the street, in an abandoned building, a car, or a shed.
- ☐ The student lives with friends or extended family due to economic hardship or because the family has lost its home. (Is doubled up with another family)

If you have checked any of the above boxes in Section A. then continue directly on to complete Question 2 of this form.

Section B.

- ☐ The choices in Section A do not apply to this student.

If you checked the box in Section B. then you do not need to answer question 2. Please finish by signing and dating the form.

Question 2. The student lives with:

- ☐ one parent only
- ☐ both parents
- ☐ one parent and another adult
- ☐ a relative, a friend, or other adults
- ☐ alone without any adults
- ☐ an adult that is not the student's parent or legal guardian
- ☐ Other _____

Parent or Guardian's Signature: _____ Date: _____

Address and Phone number or best alternative way to get a hold of you:

If the person completing this form has checked any of the boxes in Section A. then a copy of this form needs to be sent to the Homeless Student Liaison at the District Office for further consideration and action if necessary. The original document is to be placed into the student's file.



**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 U.S. passport
- _____ 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

Mammoth-San Manuel School District Student/Parent Electronic and Computer Resource Agreement

Please read this document carefully. When signed by you and your parent or guardian, it becomes an agreement between you and the District and you will abide by the conditions established herein. The district is committed to providing an environment that encourages the use of computers and electronic information.

These policies apply to:

1. Users of electronic information resources and computer equipment located at FAES/MESS.
2. Computer systems include, but are not limited to, computers, printers, networks, routers, and related equipment as well as data files and programs managed and maintained by the district, which reside on electronic media

Purpose:

1. The use of electronic equipment, software, and electronic information resources (Internet and e-mail) must be in support of the educational, research, and education goals and objectives of the Mammoth-San Manuel School District.

Laws:

Recognize that the District is subject to federal, state, local law, and board policies regarding the use of electronic devices, software, and copyrights.

Concerning electronic information (Internet Use):

1. Students agree not to access, submit, publish, mail, print, view, or download pornographic, inappropriate, defamatory, abusive, obscene, profane, sexually oriented, harassing, racially offensive, or illegal materials.
2. Students will not reveal students home addresses, personal information, and/or phone numbers for themselves or others.
3. Many services and products are available for a fee and students are responsible for any expenses they incur.
4. Students may only post information that reflects the standards, policies, and rules of the district and FAES/MESS.
5. E-Mail:
 - Students cannot establish an e-mail account without teacher supervision and permission.
 - E-mail is not private and is the property of the district.
6. Students will not access any chat room without the permission & supervision of the instructor and only for educational purposes.
7. Students pictures (digital or stills) will be used for computer instruction purposes only with a signed release form. The district will exercise reasonable precautions to prevent the misuse of digital student images.

General Computer User Guidelines: (Board Policy)

1. Excessive game playing, use of the computer for personal or political purposes, printing offensive or pornographic materials will result in disciplinary action.

2. It is the personal responsibility of the user to report misuse of computer equipment, and electronic resources to the network administrator or instructor in charge. The following should be reported immediately: (1) Attempts to access or alter passwords, files, or system areas beyond those to which the user has been granted access and (2) damage to computer equipment, printers, software, or files. Failure to report may result in forfeiting privileges to computer privileges and expense to the student for repairs.
3. Students will not use the files, software, or equipment in any way that would disrupt computer usage for other students, including, but not limited to modifying or destroying files, hardware and /or software.
4. The district reserves the right to inspect and delete, if necessary, any and all non approved computer files.
5. Students will not duplicate, remove, install, or download software or files onto a computer without the supervision and authorization from the instructor. Outside files will not be loaded without the permission or supervision of the instructor.
6. The level of privacy and integrity of the system depends largely on security measure taken by the user. Users are responsible for keeping passwords secure.
7. Students understand that they are not to use computer for commercial purposes.
8. Students will abide by the Mammoth-San Manuel Student Code of Conduct, FAES/MESS rules, and computer lab rules while using electronic equipment, software, and information resources.
9. Students understand that the use of equipment, software, and information resources are a privilege, not a right. The Administration and instructors have the right to deny access to users and to establish rules and regulation necessary for the efficient operation of the computers, software, and electronic resources.

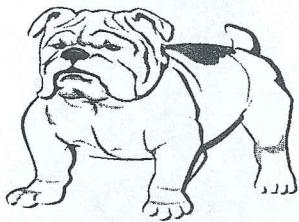
I _____ have read, understand, and agree to this agreement.
Student Signature

Printed Name _____

Teacher of Student _____

As the parent or guardian of this child, I have read the Student/Parent Electronic/Computer Resource Agreement. I understand and accept responsibility for my child and understand that disciplinary action and/or expenses may occur if my child violates this agreement.

Parent Signature _____



First Avenue Elementary School
PO Box 406
San Manuel, AZ 85631
520-385-4341
Fax: 520-385-2118



OVER THE COUNTER MEDICATION CONSENT FORM 2014-2015

I hereby request and give my consent for the school Health Aide or person designated by the administrator to see that my child _____ receive the over the counter medications listed below:

1-Cough Drop
1-2 chewable tablet(s) of antacid
Generic Benadryl based on appropriate dosage for age

Route of administration: by mouth

Time of day: as needed during school hours

My child may have the appropriate dose of Generic Tylenol (Acetaminophen) or Generic Advil/Motrin (Ibuprofen) as need for headache or pain. **YES NO**

Signature (Parent/Guardian)

Date

Please list any health condition that your child is diagnosed with, i.e. asthma, seizures, etc.

ALLERGIC TO ANY MEDICATION? YES NO

IF YES, PLEASE LIST: _____

Signature (Parent/Guardian)

Date

NEW SCHOOL CLOTHES FALL 2014 / SPRING 2015

KIDS' CLOSET

Sponsored by SaddleBrooke Community Outreach

KIDS' CLOSET
114 W. DUNGAN DRIVE
MAMMOTH, AZ

520-385-4000

MONDAYS AND THURSDAYS 9:00 A.M.—1:00 P.M.
SOME SATURDAYS 9:00 A.M.—1:00 P.M.

ELIGIBILITY: Determined by your school

SERVING CHILDREN HEAD START through 8th grade at the following schools:

Mammoth Elementary, Mammoth Head Start in Mammoth; Mountain Vista, Oracle Ridge, First Avenue, Avenue B, San Manuel Jr. High in San Manuel; Coronado in Catalina; Winkelman Primary, Winkelman Elementary in Winkelman; Ray Primary, Ray Elementary in Kearny; Kennedy Elementary, Kennedy Jr. High, Superior Head Start in Superior; San Carlos Head Start, Primary and Intermediate schools in San Carlos.

YOU MUST BRING THE PERMISSION SLIP BELOW FROM YOUR CHILD'S SCHOOL WHEN YOU COME TO KIDS' CLOSET. IT MUST BE SIGNED BY AN AUTHORIZED PERSON (USUALLY FROM THE SCHOOL).

Service by appointment only!!!! Call Kids' Closet @ 520-385-4000 only during the open hours of Kids' Closet.

CHILDREN MUST BE PRESENT TO RECEIVE CLOTHING

KIDS' CLOSET PERMISSION SLIP

_____ has been referred to Kids' Closet for the purpose of receiving clothing.
Child's Name _____

I give my permission to release my name and the name of my child to SaddleBrooke Community Outreach for the purpose of receiving clothing. I release Kids' Closet and SaddleBrooke Community Outreach and their volunteers from any liability associated with Kids' Closet.

By signing this form I am also giving permission for my child's picture to be used in publicity.

PARENT/ GUARDIAN SIGNATURE _____ Date _____

NAME OF SCHOOL First Avenue Elementary School

AUTHORIZATION FOR REFERRAL BY Melissa S. Joliat Date 7/25/14

KIDS' CLOSET POLICY STATES THAT IF WE DO NOT HAVE THE ABOVE SIGNATURES WE CANNOT PROVIDE CLOTHING FOR YOUR CHILD AT THAT TIME.

Mammoth Elementary STEM School

First Avenue Elementary School

Local Field Trip Permission Slip 2014 – 2015 School Year

July 2014

Dear Parents/Guardians:

Mammoth Elementary STEM School and First Avenue Elementary School staff work hard to provide your child with the best education possible. Part of your child's education includes local field trips. For example; students may need to travel to Mammoth to attend Kid's Closet or visit the district auditorium in San Manuel for special presentations. These are just some of the examples of local field trips. This permission slip is designed to give permission for your child to attend LOCAL FIELD TRIPS ONLY (San Manuel and Mammoth). All field trips are closely supervised by your child's teacher.

If your child does not have a local field trip permission slip signed and returned to the office, you will need to sign a permission form for each time your child attends a school assembly at the district auditorium or goes with their class to a local establishment.

Thank you!

Melissa S. Joliat, Principal

I give permission for the following students to attend local field trips:

Student: _____

Grade: _____

Student: _____

Grade: _____

Student: _____

Grade: _____

Student: _____

Grade: _____

Student: _____

Grade: _____

Parent/Guardian's Signature

Date

MAMMOTH SAN MANUEL UNIFIED SCHOOLS

Dear Parent/Guardian:

Children need healthy meals to learn. Mammoth San Manuel Unified Schools offer healthy meals every school day. Breakfast costs Elementary PK-6 \$.85, Jr/SR High \$1.10; lunch costs All \$2.50. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.10 for breakfast and \$.40 for lunch.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Your Child's School Cafeteria or Joanna Diaz, DTR- PO BOX 406 San Manuel, AZ 85631.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from **SNAP, FDPIR (Food Distribution Program on Indian Reservations)** or **TANF**, can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.



If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, **do not** complete the application. But **do** let the school know if any children in your household are not listed on the **Notice of Direct Certification** letter you received.

3. CAN FOSTER CHILDREN GET FREE MEALS? Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. CAN HOMELESS, RUNAWAY, HEAD START AND MIGRANT CHILDREN GET FREE MEALS? Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail Dr. Mark Wisely 520-385-2337 ext 1115 to see if they qualify.
5. WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown on this application.
6. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. Call the school at Joanna Diaz, DTR 520—328-2336 ext. 2214 if you have questions.
7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
8. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
9. WILL THE INFORMATION I GIVE BE CHECKED? Yes and we may also ask you to send written proof.

10. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
11. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Arizona Department of Education, 1535 W. Jefferson St. Bin 7, Phoenix, AZ 85700. Phone 602-542-8700.
12. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
16. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your child's school for more information.
17. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP or other assistance benefits, contact your local assistance office or call 1-800-352-8401.

If you have other questions or need help, call Joanna Diaz, DTR or Marie Luna 520-385-2336 ext. 2214 or 2213.

Si necesita ayuda, por favor llame al teléfono: Joanna Diaz, DTR or Marie Luna 520-385-2336 ext. 2214 or 2213.

Si vous voudriez d'aide, contactez nous au numero ; Joanna Diaz, DTR or Marie Luna 520-385-2336 ext. 2214 or 2213.

Sincerely,

Joanna Diaz, DTR

Foodservice Director

520-385-2336 ext. 2214

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

Part 1:

If any child you are applying for is homeless, migrant, a runaway or in Head Start check the appropriate box and call Dr. Mark Wisely 520-385-2337 ext. 1115]. Complete Box A and Box B in Part 2 and then skip to Part 3.

Part 2:

- **Box A** – List all household members.
- **Box B** – List the name of the school attended by each child or mark N/A for household members not attending school.
- **Box C** – List the case number (not EBT card number) for any household member (including adults) receiving SNAP or TANF Cash Assistance or FDPIR benefits. ***Skip to Part 3.***
- **Box D** – Check the box in this section for all children in the household who are foster children (legal responsibility of welfare agency or court). ***Skip to Part 3.***
- **Box E** – For ANY household member, including children, with NO INCOME, you MUST check the “No Income” box.
- **Box F –Gross Income and How Often It Was Received:** For each household member, list each type of income received. Report how often the money is received—weekly, every other week, twice a month, monthly or yearly—by filling in the circle under the frequency amounts. **For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions.** You should be able to find it on your pay stub or your employer can tell you. For other income, list the amount each person received from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency.

For ONLY the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

- **Box G – Social Security Number:** Adult household member must list the last four digits of their Social Security Number or mark the box if she/he does not have one.

Part 3:

Adult household member must sign the form unless Part 1 is completed.

Part 4:

Completing this section is optional.

FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

PART 1. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, A RUNAWAY OR IN HEAD START CHECK THE APPROPRIATE BOX AND CALL Mark Wisely 520-385-2336 ext. 1115, HOMELESS ☐ **MIGRANT** ☐ **RUNAWAY** ☐ **HEAD START** ☐ **If completing this section, fill out Box A and Box B in Part 2.**

PART 2. ALL HOUSEHOLD MEMBERS

Box A. Names of <u>all</u> household members (First, Middle Initial, Last)	Box B. Name of school attended by each child and grade or indicate "NA" if household member is not in school	Box C. If any member of your household receives SNAP, FDIPIR or TANF Cash Assistance, provide the case number (not EBT card number) and skip to Part 3.	Box D. Check if a foster child (legal responsibility of welfare agency or court) If completing this section skip to Part 3.	Box E. Check if NO income	Box F. TOTAL HOUSEHOLD GROSS INCOME Please report how much and fill in the circle indicating how often income is received using the following income frequencies: Weekly (wk) <u>or</u> Every Other Week (bi-wk) <u>or</u> Monthly (mo) <u>or</u> Twice a Month (bi-mo) <u>or</u> Annually/Yearly (yr)								
					Earnings From Work before deductions	How much wk bi-wk mo bi-mo yr	How Often wk bi-mo yr	All Other Income (Welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, other)	How much wk bi-wk mo bi-mo yr	How Often wk bi-wk mo bi-mo yr			
1.			<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Box G. If Part 2, Box E and/or Box F, is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Information Statement on the back of this page.)
 Last four digits of Social Security Number: * * * - * * - * ☐ I do not have a Social Security Number

PART 3. SIGNATURE (AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.

Sign here: _____ Date: _____
 Print name here: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ e-mail: _____

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12
 Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice a Month, ☐ Month, ☐ Year Household Size: _____
☐ Error-Phone ☐ Case # Application ☐ Categorically Eligible
☐ Directly Certified – Attach to match result ☐ Selected for Verification (see attachments)

PART 4. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity: ☐ Hispanic/Latino ☐ Asian
☐ Not Hispanic/Latino ☐ American Indian or Alaska Native
☐ White ☐ Black or African American
☐ Native Hawaiian or other Pacific Islander

Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-Up Official's Signature: _____ Date: _____
 Date Notice Sent: _____
 Date Withdrawn: _____

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2014-2015				
Household size	Yearly	Monthly	Weekly	
1	\$21,590	1,800	416	
2	29,101	2,426	560	
3	36,612	3,051	705	
4	44,123	3,677	849	
5	51,634	4,303	993	
6	59,145	4,929	1,138	
7	66,656	5,555	1,282	
8	74,167	6,181	1,427	
Each additional person:	+7,511	+626	+145	

Information Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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