



NEW STUDENT ENROLLMENT 2020 – 2021 SCHOOL YEAR

Please provide the following documents with this completed packet.

Proof of Student Identity and Age

To enroll in Kindergarten the student's date of birth must be on or before 8/31/2015.

One of the following must be provided:

- Certified copy of the child's birth certificate
- Other reliable proof of the student's identity and age, including the student's baptismal certificate, an application for a social security number, or original school registration records **and** an affidavit explaining the inability to provide a copy of the birth certificate
- A letter from the authorized representative of an agency having custody of the student (pursuant to statute) certifying that the student has been placed in the custody of the agency as prescribed by law

Immunization Records

All students entering Arizona public schools are required by law to be immunized. Proof of immunization or a signed waiver is required **at the time of enrollment** and must include the name of the person, birth date, type of vaccine administered and the month, day and year of each immunization (A.R.S. § 15-872).

Photo Identification

In order to verify identity of the legal parent or guardian enrolling the child to ensure student safety and security.

Any government-issued photo identification of the student's legal parent or guardian (e.g. driver's license, passport, identification card). If a parent or legal guardian does not have any government-issued photo identification, the District will consider alternative forms of identification.

Evidence of Residency due within five (5) business days of enrollment

A.R.S § 15-802(B) requires school districts to obtain and maintain verifiable documentation of Arizona Residency upon enrollment in an Arizona public school. The documentation must be provided each time a student enrolls in a school and reaffirmed annually.

One of the following documents must be in the legal parent's or guardian's name:

- 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 telephone bill (Note: The bill must list the service address not the mailing address)*
- 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 (such as the Social Security Administration, the Veteran's Administration, or the Arizona Department of Economic Security) *
- Temporary on-base billeting facility (for military families)
- Bank or credit card statements*
- W-2 wage statement
- Payroll stub*
- An Arizona driver's license, Arizona identification card, or Arizona motor vehicle registration
- A Notarized Affidavit of Shared Residency*

**Documents supplied must be from within the previous 60 days.*



CASA GRANDE
ELEMENTARY
SCHOOL DISTRICT #4

CASA GRANDE ELEMENTARY SCHOOLS

220 W Kortsen Rd Casa Grande, AZ 85122

STUDENT ENROLLMENT FORM

STUDENT INFORMATION

Last Name	First Name	Middle Name	Gender
			<input type="checkbox"/> Male (Boy)
Birth Date	Birth City	Birth State	Birth Country
			<input type="checkbox"/> Female (Girl)

Child's Physical Address _____ City _____ Zip Code _____

Child's Mailing Address _____ City _____ Zip Code _____

Mother's Last Name: _____ Mother's First Name: _____

Mother's Work Phone #: _____ Home Phone #: _____ Cell Phone #: _____

Father's Last Name: _____ Father's First Name: _____

Father's Work Phone #: _____ Home Phone #: _____ Cell Phone #: _____

SCHOOL HISTORY

Has this child EVER attended a school in the United States? Yes No

If Yes, how many years has this child attended school in the United States: _____

Has this child EVER attended a school in the State of Arizona? Yes No

Has this child EVER attended a school in Casa Grande? Yes No

If Yes, specify which school: _____ Date(s): _____

Name and address of LAST school attended: _____

Street Address _____ City _____ State _____ Zip Code _____

Does this student have other brothers/sisters attending a school in this District? Yes No

If Yes, please list the name(s): _____

Has this student been expelled or is the student in the process of being expelled from a school? Yes No

Has this child repeated a grade? Yes No Grade Level Repeated _____

PROGRAMS

Has this student been enrolled in programs such as: Special Education with IEP Speech Gifted/CE

Migrant ELL 504 Plan Intervention Services Indian Education/JOM

Is this child currently in foster care? Yes No

To be completed by the school

AzEDS# _____ Grade Level _____ Withdrawal Date _____

Entry Date _____ Entry Code _____ Re-Entry Code _____

Homerroom _____ Room# _____ Re-Entry Date _____

Boundary Code _____ Open Enrollment School _____

PowerSchool # and date entered _____ Home School _____

Student Name: _____

Last

First

Middle Initial

FAMILY

With whom does this child reside (live), such as mother, father, stepfather, grandparent, or guardian? _____

Name _____ Relationship to Child _____

Address _____ Employer _____

Name _____ Relationship to Child _____

Address _____ Employer _____

Is one or more of the child's legal parents/guardians active-duty military? Yes No

If this child does NOT live with parents/guardians, who has legal custody? _____

Relationship to Child _____ Home Phone _____ Work Phone _____

Address _____

The next three questions are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residence information help determine the services your child may be eligible to receive.

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Is your current address a temporary living arrangement? | Yes | No |
| 2. Is this temporary living arrangement due to a loss of housing or economic hardship? | Yes | No |
| 3. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (agriculture, dairy, chicken, vegetable, citrus), fishing, or other? | Yes | No |

HEALTH

Does this child have any difficulty with hearing or have any chronic ear problems? Yes No

Does this child have any difficulty with vision or have any chronic eye problems? Yes No

TRANSPORTATION

Please note: Transportation will only be provided to children living outside the walking zones of each school. If you have special transportation needs, you must complete a special Transportation Request form.

Will you transport this child to/from school? Yes No

Will this child walk to school? Yes No

Will this child ride a bus? Yes No

Morning Pickup Address _____ Afternoon Drop Off Address _____

If your child attends Kindergarten, who will meet the bus when the child is taken home? _____

Comments: _____

To be completed by the school

Transported? Yes No A.M. Bus #/Route _____ P.M. Bus #/Route _____

COPY DISTRIBUTION: Cumulative Folder, Academic Intervention Specialist

Student Name: _____
Last First Middle Initial

ETHNICITY AND RACE – (Required by federal regulations)

Please answer BOTH of the following questions regarding your child's ethnicity and race.

ETHNICITY

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

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

RACE

What is the individual's race? (Check all that apply)

- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Tribal Name _____
(if applicable)
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, but is not limited to: China, India, Japan, Korea, and the Philippine Islands.
- 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.

AFFIDAVIT

I certify that the information provided in this enrollment form is true and correct.

Today's Date

Signature of Legal Parent or Guardian

CASA GRANDE ELEMENTARY SCHOOLS

220 West Kortsen Road Casa Grande, AZ 85122 (520) 836-2111

EMERGENCY CARD

NAME:

A.M. Bus # /Route: _____ P.M Bus # /Route: _____ Grade: _____ Teacher/Homeroom _____

Student's Last Name _____ First _____ Middle _____

Student's Physical Address _____ City _____ Home Phone _____ Message Phone _____

Student's Mailing Address (if different from above) _____ City _____ Zip _____

My child's address has changed since I last updated this form: Yes _____ No _____ *(If Yes, please provide the new address above)*

Gender: Male Female Date of Birth: _____

In case of emergency, who should be contacted first Father/Guardian Mother/Guardian

Father/Guardian Name _____ Employer _____ Business Phone _____ Cell _____

Mother/Guardian Name _____ Employer _____ Business Phone _____ Cell _____

Adult email address _____
(SchoolMessenger allows your school to send e-mail updates, school newsletters and other notifications as they become available.)

With whom does the child live? _____ Relationship _____

IN CASE OF EMERGENCY: Names of persons who would assume temporary responsibility (LIST IN CONTACT PRIORITY)

Local friend or relative _____ Phone _____ Cell _____

Local friend or relative _____ Phone _____ Cell _____

Local friend or relative _____ Phone _____ Cell _____

Local friend or relative _____ Phone _____ Cell _____

Doctor _____ Phone _____

Dentist _____ Phone _____

1. Specify health problems/allergies _____

Hearing problem? Yes _____ No _____ Wears glasses/contacts? Yes _____ No _____

2. Is this child on daily medication? Yes _____ No _____ Specify _____

3. Recent surgery, accident, or illness (past year)? _____

I, the undersigned parent/guardian, hereby:

_____ Give my consent for the above-named child to be released to the friend/relative I have designated and/or to be taken to
(Initial here) the nearest hospital in case of emergency.

_____ Give consent to the above-named child to have acetaminophen (generic Tylenol), an antacid, antibiotic ointment
(Initial here) anti-itch preparation, Ibuprofen, Benadryl, skin cleansing preparation, or a throat lozenge as needed.

_____ Verify the above information is correct.
(Initial here)

Signature of Parent/Guardian _____ Date _____

TEACHER:

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DESIGNATION OF DIRECTORY INFORMATION

2020-2021

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that school districts, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, districts may disclose appropriately designated "directory information" without written consent, unless you have advised the district to the contrary in accordance with district procedures. The primary purpose of directory information is to allow the school district to include this type of information from your child's education records in certain school related publications.

A student's photograph is also considered "directory information" and thus is public information unless you provide notification to the school district that you would not like this information to be public.

If your child's information is public, for example, your child's photo and name would appear in school yearbooks and classroom publications. Also, should your student receive a public honor or recognition, the District would provide your child's school picture to the honoring organization and/or media upon request.

In some instances, your child's information may be used in the following manner:

- A program, showing your student's participation in a band, music, or drama production; A video clip demonstrating current school events;
- Honor roll or other recognition lists;
- Student writing/artwork on class or District internet web pages; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

If you do not want Casa Grande Elementary School District to disclose "directory information" from your child's education records without your prior written consent, you must notify the District in writing within two weeks of the start of school or, if transferring into the district, within two weeks of registration, refusing to let any or all of the categories of directory information to be used. Unless modified by the written direction of the student's parent(s)/ legal guardian(s), this designation will remain in effect through the remainder of the school year.

Please give careful consideration before directing the school to not release "directory information."

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HEALTH HISTORY

STUDENT'S NAME: _____ BIRTH DATE: _____

Grade: _____ Teacher: _____ New student to the district? Yes No

Has your child had any of the following? Mark Yes or No. If Yes, explain on the line.

Allergy	Yes	No	_____
Asthma	Yes	No	_____
Behavior Problem	Yes	No	_____
Birth Injury or Defect	Yes	No	_____
Chickenpox	Yes	No	_____
Diabetes	Yes	No	_____
Ear or Hearing Problem	Yes	No	_____
Eye or Vision Problem	Yes	No	_____
Emotional Problem	Yes	No	_____
Heart Condition	Yes	No	_____
Seizures	Yes	No	_____
Surgeries	Yes	No	_____
Medical Equipment	Yes	No	_____

Describe any serious illness and/or injury: (Please include child's age at the time of treatment and the results.)

Does your child have any chronic health problems? Please describe.

Does your child take any medication, receive any regular medical treatment, or any other treatment? Please describe.

Is your child unable to participate in Physical Education? If yes, please give the reason.

Please check if your child has ever been to any of the following:

Counselor Psychiatrist Ear Specialist
 Psychologist Speech Therapist Eye Specialist
 Audiologist Child Guidance Clinic

Please give the year and the results: _____

Other information that will be important in the care and needs of your child:

The information above is, to the best of my knowledge, a complete and accurate medical history of my child.

Parent Signature

Date

Please notify the school if any medical problems develop during the school year. Your child's health and well-being are our concern.

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COPPA COMPLIANCE CONSENT

The Casa Grande Elementary School District is committed to providing our students with the most effective, educational web-based tools and applications. These tools and applications may include, but are not limited to, Edmodo, ABCMouse, Khan Academy, ClassDojo, and others. In order to create accounts for our students, we must comply with federal regulations requiring parental consent as outlined below.

Our district utilizes several web-based sites and apps that are operated by third party services. In order for our students to utilize these programs and services, basic student information must be provided to the third parties. Under the *Children's Online Privacy Protection Act* (COPPA), these web-based tools and applications must notify parents and obtain verifiable parental consent before collecting this information

from children under 13 years of age. In addition, under this law, schools are permitted to consent to the collection of this information on behalf of its students. This eliminates the need for individual parental consent given directly to each website or app provider. For additional information regarding COPPA, please visit: www.ftc.gov/privacy/coppafaqs.shtm.

This form will constitute for verifiable parental consent for our schools to provide personal identifying information for your child that may consist of first name, last name, username, birthdate, grade, teacher, and, if applicable, email address in order to create accounts on third party websites and apps. A complete list of the websites and apps and links to their privacy policies can be found on our district website www.cgesd.org, under Departments- Digital Learning and Strategy. If you have questions regarding which third-party apps or websites will be utilized during the current school year, please contact your student's teacher(s).

How will this affect my child?

If you give permission, the school or your child's teacher will be able to create accounts on educational websites and apps for your child to use at school. The apps and websites used vary in content, but include learning and practicing skills such phonics, reading, writing, communication, math, and more.

Student Name (Print) _____

Please check the appropriate box below:

- I **give permission** to the Casa Grande Elementary School District to create accounts for my student in the above-mentioned services.
- I **do not give permission** to the Casa Grande Elementary School District to create accounts for my student in the above-mentioned services.
- I **give permission** to the Casa Grande Elementary School District to create accounts for my student in the above-mentioned services, **with the exception** of the sites listed below:

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

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USE OF TECHNOLOGY RESOURCES ACCEPTABLE USE AGREEMENT FOR STUDENTS GRADES K-5

Please read this document carefully. This form tells you what is allowed when using the computer and the Internet.

Terms and Conditions

1. I promise to use the computer and the Internet for schoolwork only.
2. I promise not to change, add, delete, or destroy computer parts or programs on the computers.
3. I promise not to post, view, or download anything illegal or against school and classroom rules.
4. I promise not to open another person's files without permission.
5. I promise only to use the websites and programs my teacher tells me to use.
6. I promise not to go to websites that are blocked.
7. I promise to use appropriate language.
8. I promise not to cyberbully (use the computer to bully someone by sending mean, hurtful, or scary messages or pictures).
9. I promise not to give out anyone's phone number, address, or other personal information.
10. I promise to obey copyright laws and not to plagiarize (copy someone else's work).
11. I promise to tell a parent, teacher, or the principal if I accidentally access inappropriate material.

I understand that if I do not use the computer or Internet correctly, it will result in disciplinary action and/or not being allowed to use the computer or Internet.

I understand and promise to follow the rules in this agreement.

Name (print) _____

Student Signature _____ Date _____

School _____ Grade _____

A student must also have the signature of a parent or guardian who has read and will uphold this agreement.

Parent or Guardian Cosigner

As the parent or guardian of this student, I understand that the Internet, electronic mail, and technology resources such as computers are intended for educational purposes only. I understand that although the School District has taken reasonable precautions to protect against my child's access to inappropriate material, it is impossible for the District to restrict access to all controversial or offensive materials. Accordingly, I will not hold the District responsible for information on the Internet acquired by my child. I also agree to report to my child's school principal any misuse of the Internet, electronic mail, or other district technology resources. The District and teacher will not be responsible in the event that a student misuses the Internet or otherwise violates the school's rules for conduct. I understand that many services and products are available for a fee and acknowledge the responsibility for any expenses incurred without District authorization.

I agree that my child will abide by the District policy, regulation, and exhibit on appropriate use of the Internet.

I hereby give my permission to have my child actively use the Internet, to view the Internet during classroom/lab presentations, and certify that my child has agreed to abide by the terms and conditions of this agreement. Once this permission is given, I understand that it will remain in effect until I notify the District, in writing, that I wish to revoke it.

Name (print) _____

Parent / Guardian Signature _____ Date _____

Governing Board Policy Reference: Policy IJNDB, IJNDB-R, IJNDB-EA, and IJNDB-EB.

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ARIZONA RESIDENCY DOCUMENTATION FORM

Student _____

School _____

Name of Parent/Legal Guardian _____

Arizona law requires the parent or person who has custody of a child to provide verifiable documentation of residency for pupils who enroll in school. 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(s) that displays my name and residential address or physical description of the property where the student resides:

Provide one of the following documents:	
<input type="checkbox"/> An Arizona driver's license, Arizona identification card, or Arizona motor vehicle registration	<input type="checkbox"/> Documentation from a state, tribal or federal government agency (such as the Social Security Administration, the Veteran's Administration, or the Arizona Department of Economic Security)*
<input type="checkbox"/> Valid Arizona Address Confidentiality Program authorization card	<input type="checkbox"/> Temporary on-base billeting facility (for military families)
<input type="checkbox"/> Real estate deed or mortgage documents	<input type="checkbox"/> Bank or credit card statement*
<input type="checkbox"/> Property tax bill	<input type="checkbox"/> W-2 wage statement
<input type="checkbox"/> Residential lease or rental agreement	<input type="checkbox"/> Payroll stub*
<input type="checkbox"/> Water, electric, gas, cable, or telephone bill (Note: The bill must list the service address, not the mailing address.)*	<input type="checkbox"/> A Notarized Affidavit of Shared Residency*
<input type="checkbox"/> Certificate of tribal enrollment (506 form) or other identification issued by a recognized Indian tribe that contains an Arizona address	

Evidence of residency must be submitted within **5 business days** of the student's enrollment.

X _____
Signature of Parent/Legal Guardian

Date

*Documents supplied must be from within the previous 60 days.



Office Use Only

Date Received: _____

Time Received: _____

Home School: _____

Early Childhood Learning Center

390 E. Lakeside Parkway

520-876-0045

Student Name: _____

Schedule: _____

Parent Email: _____

DOB: _____

Age in Aug: _____

Preschool Location Options: ECLC Cholla Evergreen

REGISTRATION CHECKLIST

2020-2021

ALL DOCUMENTATION MUST BE COMPLETED AND RECEIVED AT TIME OF REGISTRATION.

- Enrollment Form
- Ethnicity and Race Form
- Home Language Survey
- Proof of Residency
CGESD/Arizona Residency Documentation Form with signature
Related document(s) listed on the Residency Documentation Form as your proof of residency
This document must be updated each year.
- Health History
- Emergency Blue Card
- CGESD Emergency Card
- Tuition and Refund Policy
- Birth Certificate
- Copy of Updated Immunizations
- Legal Photo ID of Parent/Guardian
- \$50 Non-refundable Registration Fee

Are you interested in a Quality First Scholarship (QFS)? Yes No

If so, an ECLC registration packet must be completed, including the \$50 non-refundable registration fee. Once QFS applications have been delivered to the ECLC office, we will call you to pick up your QFS packet. All applications will be accepted on a first come first serve basis. Your information will be processed through the Quality First website. The ECLC staff will contact you once we are notified if your child will be a scholarship recipient.

SCHEDULING OPTIONS
2020-2021

Early Intervention Classroom

START DATE: **AUGUST 3, 2020**

Monday, Tuesday and Thursday

8:30 AM - 10:30 AM

10:45 AM - 12:45 PM

2:00 PM - 4:00 PM

Cholla & Evergreen Community Classroom

School Year Session

START DATE: **AUGUST 3, 2020**

5 Days \$400.00/month

Monday

Tuesday

Wednesday

Thursday

Friday

Full Time

7:30 a.m. - 3:00 p.m.

ECLC Community Classroom

School Year Session

START DATE: **AUGUST 3, 2020**

5 Days \$535.00/month

4 Days \$435.00/month

Monday

Tuesday

Wednesday

Thursday

Friday

Full Time

7:00 a.m. - 5:00 p.m.

Part Time

5 Days \$325.00/month

4 Days \$260.00/month

8:00 a.m. - 11:30 a.m.

12:30 p.m. - 4:00 p.m.