



Happy Valley School East Campus

Character Leadership Academic Success

Please Print Clearly and Fill Out Completely

A completed enrollment packet, with all other required forms and documents, must be submitted within 10 days to finalize your student's enrollment.

For Office Use Only

- Proof of Age and Identity
- Immunization
- Legal Documents
- Special Ed (IEP)
- Start Date: _____

Student SAIS # _____

School Year Applying For: _____

Grade Level Applying For: _____

| NEW STUDENT INFORMATION | | | |
|--|--|--|-----------------------------------|
| Last Name: | | First Name: | Middle Name: |
| | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Home Phone w/Area Code: | Date of Birth: | Place of Birth: | |
| | | | |
| PARENT/GUARDIAN INFORMATION | | | |
| NAME of Father/Guardian: | | NAME of Mother/Guardian: | |
| <input type="checkbox"/> Father <input type="checkbox"/> Step <input type="checkbox"/> Guardian <input type="checkbox"/> Foster | | <input type="checkbox"/> Mother <input type="checkbox"/> Step <input type="checkbox"/> Guardian <input type="checkbox"/> Foster | |
| <i>Please check one below</i> | | <i>Please check one below</i> | |
| <input type="checkbox"/> Lives with (primary residence of student) <input type="checkbox"/> Has legal custody* | | <input type="checkbox"/> Lives with (primary residence of student) <input type="checkbox"/> Has legal custody* | |
| Address: | | Address: | |
| City/State/Zip: | | City/State/Zip: | |
| Employer: | | Employer: | |
| Home Phone: | Work Phone: | Home Phone: | Work Phone: |
| Cell/Text Phone: | | Cell/Text Phone: | |
| Email: | | Email: | |
| *Official court documents must be submitted to the school in cases of divorce, separation, custody or other legal issues. | | | |
| IN CASE OF EMERGENCY CONTACT INFORMATION (minimum of 2 contacts required; cannot be parent or guardian) | | | |
| Name: | Telephone(s): | Relationship: | Ok to Pick Up: Yes No |
| Name: | Telephone(s): | Relationship: | Ok to Pick Up: Yes No |
| If you are unable to reach me in an emergency, I give permission for my child to be transported to the nearest hospital by ambulance. I further realize that I am responsible financially for the payment of all ambulance and hospital charges. Students who become ill or have an emergency at school must be picked up within a half hour of parent/emergency contact being notified. | | | |
| LANGUAGE SURVEY | | | |
| Has your child been enrolled in any language acquisition or ELL programs? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| ETHNIC GROUP (Requested by the Arizona Department of Education) | | | |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian | |
| Tribe Name: | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Hispanic |
| Has the student ever been expelled or in the process of being expelled from any school? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Are there any parental custody issues involving the student? <input type="checkbox"/> No <input type="checkbox"/> Yes Specify on reverse. Submit current legal documents. | | | |
| Would you like to apply for busing? <input type="checkbox"/> No <input type="checkbox"/> Yes (space is limited, busing is not guaranteed) | | | |
| EMAIL AND TEXT COMMUNICATION FROM THE SCHOOL | | | |
| <input type="checkbox"/> I would like to receive email messages from my child's principal at the address listed above OR the address listed below. | | <input type="checkbox"/> I would like to receive text messages from my child's principal at the number listed above OR the number listed below. | |
| Email Address: _____ @ _____ | | Cell Phone #: () _____ | |
| I agree to abide by the policies of the school published in the Parent Handbook and other official materials and will support school policies and rules in guiding my student. I certify by my signature that all statements in this packet are true and complete to the best of my knowledge. | | | |
| Parent/Guardian Printed Name: | Signature: | Date: | |

SPECIAL EDUCATION PROGRAM INFORMATION
(Must be completed)

Student Name (Last, First, Middle):

Birth Date:

Does your child have a **CURRENT**, previous, in the process of, OR an outside evaluation for an Individualized Education Plan (I.E.P.)? All documents must be provided at the time of enrollment.

You **MUST** mark either "Yes" or "No." Yes No

Is your child currently on a 504 Plan? Yes No

If YES is the answer to either of the above questions, the current IEP or 504 Plan and any other related details must be provided at the time of enrollment.

The Individual Education Plan (IEP) or 504 Plan that is applicable to my child includes the following:
(Please check all that apply)

- Autism (A)
- Emotional Disability (ED)
- Hearing Impairment (HI)
- Mild/Moderate/Severe Mental Retardation (MIMR – MOMR - SMR)
- Multiple Disabilities (MD) Please state: _____
- Multiple Disabilities with Severe Sensory Impairment (MDSSI)
- Occupational Therapy (OT)
- Orthopedic Impairment (OI)
- Other Health Impairment (OHI) Please state: _____
- Developmental Disabilities (DD)
- Speech/Language Impairment (SLI)
- Specific Learning Disabled (SLD) [Please circle: Math, Reading, Written Language]
- Traumatic Brain Injury (TBI)
- Visual Impairment (VI)

Please elaborate with any information that would be helpful for placement: _____

*Your signature below is to verify accuracy of the information above, not to authorize testing or to place your child in Special Education.

Parent/Guardian Signature:

Date:

MILITARY CONNECTED STUDENT
(Must be completed)

Student Name (**Last**, First, Middle):

Birth Date:

Parent(s) Name(s): _____

Please check the box that applies to you:

- Student is a dependent of a member of the United States military service in the **Active Duty** Army, Navy, Air Force, Marine Corps, or Coast Guard
- Student is a dependent of a **fulltime** member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force)
- Student is a dependent of a member of the National Guard, or Reserve force of the United States military (Army, Navy, Marine Corps or Air Force)
- None of the above

Parent's/Guardian's Signature below affirms the information provided is accurate and complete.

Parent/Guardian Signature:

Date:

Release of Student Information

If you have more than one student registered in Happy Valley School East Campus you will need to complete this form for each student.

Information for School-Sponsored Purposes:

The school may want to use student information for the following school-sponsored purposes: yearbook, school newsletter, school webpage, art work, special programs, and other announcements. If you do not want Happy Valley School East Campus (HVE) to disclose any information about your child without your prior written consent, you must notify the school in writing within ten school days of your child's first day of instruction for this school year.

I, the parent of _____ (student name), give HVE permission to use the information noted in the list below for the specified school-sponsored purposes.

Yearbook: Yes No

School Newsletter: Yes No

School Webpage: Yes No

Artwork: Yes No

Special Programs: Yes No

Print Name: _____

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.



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 AELLA Placement Test.

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

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

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

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

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)

Confidential Health History

Happy Valley School East Campus
266 E Westbrooke Rd
San Tan Valley, AZ 85140
480-888-1342

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| | | | |
|---------------------------|--------------------|----------------|------------------------------|
| Student Last Name: | First Name: | Middle: | Grade Level Entering: |
| Address: | City: | Zip: | Date of Birth: |

Please check all that apply, enter information regarding any health issues that needs to be discussed with the school nurse and your child's teacher, and indicate if your child is under a physician's care.

| VISION | | | |
|---|--|---|---|
| Wears Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No | For Distance: <input type="checkbox"/> Yes <input type="checkbox"/> No | Color Blind: <input type="checkbox"/> Yes <input type="checkbox"/> No | Last Eye Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reading: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Describe Other/Specific Eye Problems: | | | |

| HEARING | | | |
|--|---|---|--|
| Hearing Loss: <input type="checkbox"/> Yes <input type="checkbox"/> No | Hearing Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No | Tubes: <input type="checkbox"/> Yes <input type="checkbox"/> No | Ear Aches/Infections: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe Other/Specific Hearing Problems: | | | |

| SPEECH | |
|---------------------------------------|--|
| Describe Any Speech Related Problems: | |

| HISTORY OF: | | |
|---|--|--|
| Tonsillitis: <input type="checkbox"/> Yes <input type="checkbox"/> No | Other Respiratory Problems: <input type="checkbox"/> Yes <input type="checkbox"/> No | Headaches: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tonsillectomy: <input type="checkbox"/> Yes <input type="checkbox"/> No | High Blood Pressure: <input type="checkbox"/> Yes <input type="checkbox"/> No | Migraines: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Adenoidectomy: <input type="checkbox"/> Yes <input type="checkbox"/> No | Heart Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No | Seizures: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Strep: <input type="checkbox"/> Yes <input type="checkbox"/> No | Blood Disorder: <input type="checkbox"/> Yes <input type="checkbox"/> No | Epilepsy: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other ENT: <input type="checkbox"/> Yes <input type="checkbox"/> No | Nose Bleeds: <input type="checkbox"/> Yes <input type="checkbox"/> No | Head Injury/Concussion: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pneumonia: <input type="checkbox"/> Yes <input type="checkbox"/> No | Frequency: _____ | |

| OTHER | | | | | |
|--|---|--|---|---|---|
| ADD: <input type="checkbox"/> Yes <input type="checkbox"/> No | ADHD: <input type="checkbox"/> Yes <input type="checkbox"/> No | Related Medications/Supplements/Special Diet: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Emotional/Social/Psychological Disorders: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Allergies to Nuts: <input type="checkbox"/> Yes <input type="checkbox"/> No | Foods: <input type="checkbox"/> Yes <input type="checkbox"/> No | Medications: <input type="checkbox"/> Yes <input type="checkbox"/> No | Other: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| EpiPen: <input type="checkbox"/> Yes <input type="checkbox"/> No | Asthma: <input type="checkbox"/> Yes <input type="checkbox"/> No | Inhaler at School: <input type="checkbox"/> Yes <input type="checkbox"/> No | SVN Treatment at School: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Diabetes: <input type="checkbox"/> Yes <input type="checkbox"/> No | Type: | Glucose Monitoring: | Treatment: | | |
| Eczema: <input type="checkbox"/> Yes <input type="checkbox"/> No | Psoriasis: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Other Skin Condition: | | |
| Muscle Disorder: <input type="checkbox"/> Yes <input type="checkbox"/> No | Neurological Disorder: <input type="checkbox"/> Yes <input type="checkbox"/> No | Kidney Disease: <input type="checkbox"/> Yes <input type="checkbox"/> No | Hepatitis: <input type="checkbox"/> Yes <input type="checkbox"/> No | Liver Disease: <input type="checkbox"/> Yes <input type="checkbox"/> No | Scoliosis: <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| OTHER (continued) | |
|---|---|
| Bone Disease: <input type="checkbox"/> Yes <input type="checkbox"/> No | Leukemia/Any Type of Cancer: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Broken Bones/Surgeries & Dates: | |
| Other: | |
| List All Medications Your Child Is Taking: | |
| Will Medications Be Taken At School? <input type="checkbox"/> Yes <input type="checkbox"/> No Medication is for? | |
| OTHER HEALTH PROBLEMS: | |

- ✓ *All medications must be brought to school by an adult in the original prescription container with dosages and instructions, physician's name and telephone number, expiration date, etc.*
- ✓ *A parent-signed consent form for administration at school must be on file with the nurse.*
- ✓ *Students may not have medications of any kind in their possession at school at any time.*

Are your child's immunizations up-to-date? Yes No

Immunizations must be current by August 31st or the first day of school attendance. Please see the list of required immunizations and schedule on the Maricopa County Department of Public Health website or call (602) 263-8856 for requirements and free clinic hours.

I certify that the information above and all health-related information is correct, current and complete.

Print Name: _____

Parent Signature: _____

STUDENT RECORDS REQUEST

Student Name (**Last**, First, Middle):

Birth Date:

PREVIOUS SCHOOL

Previous School Attended:

Previous School Phone:

Previous School District:

Last Grade Completed:

Previous School Address:

Last Day of Attendance:

City/State/Zip:

Happy Valley School East Campus
Start Date:

I hereby authorize the above referenced school and district to release the following records to Happy Valley School East Campus. All psychological/confidential data will be maintained as such. It will not be transferred to any person or agency without parental permission or legal requirement.

- Regular Educational Cumulative Files
- Arizona Home Language Survey (PHLOTE)
- Withdrawal Form
- Withdrawal Grades
- Standardized Test Scores
- IEP/SPED Records/504 Plans – if applicable
- Discipline Records
- Health/Medical Records
- Attendance Records
- Legal Documents (custody, name, etc.)

Parent/Guardian Signature:

Date:

Records for student are to be released to:

Happy Valley School East Campus

266 E. Westbrooke Rd

San Tan Valley, AZ 85140

Phone: 480-888-1342 Fax: 480-888-8450

Email: sazevedo@hveast.com

Proof of Age and Identity for Students

Birth Certificate and Exception A.R.S. 15-828

A. On enrollment of a pupil for the first time in a particular school district or private school offering instruction to pupils in any kindergarten programs or grades one through twelve, that school or school district shall notify the person enrolling the pupil in writing that within thirty days the person must provide one of the following:

1. A certified copy of the pupil's birth certificate.
2. Other reliable proof of the pupil's identity and age, including the pupil'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.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

B. If a child is instructed at home pursuant to section 15-802, the person who has custody of the child shall, within thirty days after the home instruction begins, provide to the county school superintendent of the county in which the child resides one of the following:

1. A certified copy of the child's birth certificate.
2. Other reliable proof of the child's identity and age, including the child'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.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

C. On presentation of a document pursuant to this section, a photocopy of the document shall be placed in the pupil's file and the document that is presented shall be returned.

D. A pupil shall be enrolled in the school or school district, or the county school superintendent shall record the pupil's name, using the name that is printed on the birth certificate, other reliable proof of the pupil's identity, or letter from an agency having custody of the pupil provided pursuant to this section. This subsection does not prohibit a school or school district from calling a pupil by any name the pupil's parent or guardian wishes the pupil to be called.

E. On the failure of a person enrolling a pupil or instructing a child at home to comply with subsection A or B of this section, the school, school district or county school superintendent shall notify that person in writing that, unless the person complies within ten days, the case shall be referred to the local law enforcement agency for investigation. If compliance is not obtained within the ten day period, the school, school district or county school superintendent shall refer the case to the local law enforcement agency.

F. The school, school district or county school superintendent shall immediately report to the local law enforcement agency any affidavit received pursuant to this section which appears inaccurate or suspicious in form or content.

G. Within five school days after enrolling a transfer pupil from a private school or another school district, a school shall request directly from the pupil's previous school a certified copy of the pupil's record. The requesting school shall exercise due diligence in obtaining the copy of the record requested. Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request unless the record has been flagged pursuant to section 15-829. If the record has been flagged, the requested school shall not forward the copy and shall notify the local law enforcement agency of the request. School districts shall include in the educational records required by this subsection data collected pursuant to sections 15-741 and 15-766, as prescribed by the state board of education.

H. Any disclosure of educational records by the school district or charter school shall comply with the family educational rights and privacy act of 1974 (20 United States Code section 1232g).

I. The provisions of this section do not apply to homeless pupils as defined in section 15-824, subsection C.