



# Happy Valley School East Campus

Character Leadership Academic Success

## Please Print Clearly and Fill Out Completely

A completed registration packet, with all other required forms and documents, is required to finalize your student's registration, however, you have 30 days to submit age and identity documents.

### For Office Use Only

- Proof of Age and Identity
- Immunization
- Legal Documents
- Special Ed (IEP)
- Start Date: \_\_\_\_\_
- Student ID # \_\_\_\_\_

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 Parent/Guardian:		NAME of Parent/Guardian:	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step <input type="checkbox"/> Guardian <input type="checkbox"/> Foster		<input type="checkbox"/> Father <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:	
<b>*Official court documents must be submitted to the school in cases of divorce, separation, custody, or other legal issues.</b>			
IN CASE OF EMERGENCY CONTACT INFORMATION (minimum of 2 contacts required; cannot be parent or guardian)			
Name:	Telephone(s):	Relationship:	<b>Ok to Pick Up:</b> Yes No
Name:	Telephone(s):	Relationship:	<b>Ok to Pick Up:</b> 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			
RACE / ETHNIC GROUP (Requested by the Arizona Department of Education)			
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Black or African American	
Tribe Name:		<input type="checkbox"/> Asian	
<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 <b>OR</b> the address listed below.		<input type="checkbox"/> I would like to receive text messages from my child's principal at the number listed above <b>OR</b> 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 (Optional)

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.)? ***YOUR RESPONSE TO THIS QUESTION IS OPTIONAL***

“Yes” or “No.”

Yes

No

Is your child currently on a 504 Plan?

Yes

No

The Individual Education Plan (IEP) or 504 Plan that is applicable to my child includes the following:  
(Please check all that apply) ***YOUR RESPONSE TO THIS QUESTION IS OPTIONAL***

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 (REQUIRED)

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:

## McKinney-Vento Eligibility Questionnaire (Optional)

School Name: \_\_\_\_\_

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

Last

First

M.I.

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

Month / Day / Year

Grade

Student ID

This questionnaire is intended to address the McKinney-Vento Act U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a *temporary* living arrangement? Yes  No
2. If temporary, is this living arrangement *due to loss of housing or economic hardship*? Yes  No

If you answered YES to question 1 and 2, please complete the remainder of this form.  
If you answered NO to either question 1 or 2, you may stop here.

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Where is the student presently living? (check one)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- In a place not ordinarily used for sleeping (car, park, etc.)

Name of the Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you been at current address? \_\_\_\_\_

By signing, I attest this information is true and accurate

Parent's/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

School Personnel Who Enrolled This Student – Please Print Name

**Would you like to be contacted regarding eligibility for transportation under McKinney-Vento? Yes  No**

Send McKinney Vento Questionnaires to the Federal Programs Office

Phone: 602-523-8988 Fax: 602-257-2837

SY\_\_\_\_\_

# 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, artwork, 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)
- Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- 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?**

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

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

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Student Name \_\_\_\_\_ District Student ID \_\_\_\_\_

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

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

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

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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<b>Student Last Name:</b>	<b>First Name:</b>	<b>Middle:</b>	<b>Grade Level Entering:</b>
<b>Address:</b>	<b>City:</b>	<b>Zip:</b>	<b>Date of Birth:</b>

**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.**

<b>VISION</b>			
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
For Reading: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe Other/Specific Eye Problems:			

<b>HEARING</b>			
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	Earaches/Infections: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Other/Specific Hearing Problems:			

<b>SPEECH</b>	
Describe Any Speech Related Problems:	

<b>HISTORY OF:</b>		
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: _____	

<b>OTHER</b>					
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



# Confidential Health History

Happy Valley School East Campus  
266 E Westbrooke Rd  
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<b>OTHER (continued)</b>	
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 31<sup>st</sup> 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 (REQUIRED)

Student Name ( <b>Last</b> , First, Middle):		Birth Date:
<b>PREVIOUS SCHOOL</b>		
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:	
<p>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.</p> <ul style="list-style-type: none"> <li>• Regular Educational Cumulative Files</li> <li>• Arizona Home Language Survey (PHLOTE)</li> <li>• Withdrawal Form</li> <li>• Withdrawal Grades</li> <li>• Standardized Test Scores</li> <li>• IEP/SPED Records/504 Plans – if applicable</li> <li>• Discipline Records</li> <li>• Health/Medical Records</li> <li>• Attendance Records</li> <li>• Legal Documents (custody, name, etc.)</li> </ul>		
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](mailto:sazevedo@hveast.com)

# **Proof of Age and Identity for Students**

## **Required within 30 Days**

### **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.