

All forms in the enrollment packet **MUST BE COMPLETED.**

You must also provide copies of the following items before they can be officially enrolled for the 2019-2020 school year.

- Birth Certificate
- Social Security Card
- Immunization Records
- Tribal Enrollment (CIB)
- Any legal documentation (guardianship papers, etc.)
- Withdrawal Form from transferring school

If you have any questions, please contact the Ft. Thomas JH/HS office at 928 485-2427.

Check which school your child will attend:

Ft. Thomas Elementary _____

Mt. Turnbull Elementary _____

Ft. Thomas High School

Mt. Turnbull Academy _____

Ft. Thomas Unified School District

2019-20

New Student Registration Form

Office Use Only:

Date of Registration _____

Date entered into PowerSchool _____

Student Name _____ Grade _____
 Last First Middle
 Street Address/House Number _____ Mailing Address _____
 City _____ State _____ Zip Code _____ Guardian Cell Phone _____
 Guardian Email Address: _____ Home Phone _____ Pin # _____
 Person to Call in Emergency: _____
 Name (Other than Guardian) Relationship Phone Number

Sex _____ (1) Male _____ (2) Female	Date of Birth MO DAY YEAR	Social Security Number:	Tribal Enrollment Number (CIB):
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Ethnicity:
 Part A: Is the student Hispanic/Latino? (Choose only one)
 No, not Hispanic Latino
 Yes, Hispanic/Latino
 The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.
 Part B: What is the student's race?
 American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including South America), and who maintains tribal affiliation)
 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)

Last School Attended _____ Phone Number _____
 Address _____ City _____ State _____ Zip Code _____
 Has the student ever been in a Special Education Program? Yes No

<u>FAMILY INFORMATION</u>	<u>Living</u> Yes/No	<u>Active Military</u> Yes/No	<u>Where Employed</u>	<u>Home, Work and Cell Phone Numbers</u>
Fathers Name:				
Mothers Name:				
Stepparent				
Legal Guardian:				

Student is Living with: _____ Relationship to Student: _____
 Student is Currently in Foster Care: Yes No

People allowed to pick up your student from school:

Name _____	Name _____	Name _____
Relation to child _____	Relation to child _____	Relation to child _____
Phone # _____	Phone # _____	Phone # _____
Alternate # _____	Alternate # _____	Alternate # _____

Signature of Parent/Guardian _____ Date _____

Fort Thomas Unified School District endorses the San Carlos Apache Tribe Truancy Code. Sections of the Truancy Code that apply most directly to school are restated below.

Section 200. Mandatory School Enrollment and Attendance

Every School –Aged Child on the Reservation shall be enrolled in School and attend School on every day that classes are offered unless excused according to School's policies

Section 201. Truancy: Juvenile Offense

- a. It is prohibited and shall be a juvenile offense, for a child to be willfully absent from at least one (1) class period during the school day, including any class, study hall or other activity for which the student is scheduled without a justified statutory excuse. **(DITCHING)**
- b. To be absent from school due to a suspension/expulsion based on continued disruptive behavior on school grounds.
- c. To Attend school irregularly through absences constituting a pattern of alternating periods of school attendance and missed days, carried on for the purpose of dependency or otherwise defeating the intent of this Code;
- d. To be found with a parent, guardian or custodian outside or otherwise off school property during school hours.

Section 204. Presumption of Unexcused absence

There shall be legal presumption that School- Aged Children who are seen in the Community while school is in session, and are unaccompanied by an adult, are out of school on an Unexcused absence

Section 300. Truancy Notification by School

- A. Parents. Upon discovering that a student is truant, the school will notify the Parents/Guardians of the truant student in person, if possible, or by telephone. If the Parent or Guardian returns the child to School, the School shall make a referral to "FINS"(Family in Needs of Services) Coordinator.
- B. Juvenile Truancy Officer. In the event the Parent or Guardian cannot or will not return the child, the School shall notify the San Carlos Police Department.

School Interventions:

- 1. School Registrar will call home daily when student is absent.
- 2. On the third unexcused absence Truancy Liaison will meet with student and document in PowerSchool Truancy.
- 3. On the fourth unexcused absence Truancy Liaison will conduct a Truancy visit with or without officer and document in PowerSchool.
- 4. On the eight unexcused absence Truancy Liaison will submit student's attendance, demographic and PowerSchool Truancy Log of all the school's effort to correct the truant behavior.

Student's Name: _____ School: _____ Grade: _____

Parent/Guardian Signature: _____ Date _____



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Valid 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



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 _____ 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 indicate the student's home or primary language.



Eye Exams And Glasses...



...AT SCHOOL!

About 80% of learning happens through the visual *system*. Because sight and vision are so important to the success of your student, his or her eye health, eye sight, and other necessary visual skills used in the learning process can be examined at school using computerized, state of the art equipment! By having your child's eyes examined at school, he or she will miss little class time and travel time away from school will not be an issue.

Dr. Charles Ferrin, O.D. has received permission to examine students at the _____ School. Comprehensive eye exams and glasses (if needed) are offered as a convenience to you and your child. Because there is **no charge** to the parents, family, or school, the exam and glasses are limited to students with active I.H.S insurance only.

Please neatly complete and include all necessary insurance information so proper authorizations can be obtained quickly.

Childs Name _____ (Boy/Girl) Birthday _____
Please Print clearly First Last

Address: _____ City _____ State: Arizona

Zip: _____ Phone: _____

AHCCCS ID # _____ Childs SS# _____
(Please look this number up and include) (Please look this number up and include)
(Important for finding insurance eligibility) (Used only to help find insurance eligibility)

I authorize Dr. Ferrin to examine my child, provide glasses if needed and bill my child's insurance at no charge to me.

(Parent/Guardian signature)

Office (928) 428-7948

FAX (928) 428-0563

HIPPA Notice: All information is held in total confidence. Your information may only be used to communicate with your insurance company to process an insurance claim or to another healthcare provider only for further medical or optometric care, or the school to complete their records.



GRAHAM COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

(928) 428-1962

826 West Main Street, Safford, Arizona 85546

Fax(928) 428-8074

PLEASE PRINT

Date: _____

Name: _____ Maiden Name: _____
Last First

DOB: _____ Age: _____ Sex: Male or Female

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

**SIGNATURE OF PARENT/ GAURDIAN
OR ADULT VACCINE RECIPIENT:**

ABOVE SIGNATURE IS REQUIRED TO RECEIVE VACCINATION

I have been given a copy of and have read, or have had explained to me, the "Vaccine Information Statement(s)" for the disease(s) and vaccines(s) circled below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine requested and ask that the vaccine(s) circled below be given to me or the person named above for whom I am authorized to make this request.

Influenza MCV Tdap Other: _____

Insurance Information (Check the one that applies)

- (1) Have Health Insurance that does not pay for the vaccine
- (2) AHCCCS
- (3) Uninsured
- (4) Native American or Alaska Native Eligible for Indian Health Services
- (5) Underinsured- Have Health Insurance but it does not pay for immunizations and/ or unable to provide the co-pay for Clinic/Doctors office visit
- (6) Kids Care

DATE	VACCINE GIVEN	VACCINE MFG	LOT #	SITE GIVEN	NURSES SIGNATURE

**U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)
Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

- A. Membership or enrollment number (if readily available) _____ OR
- B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

2019-2020
Ft. Thomas Unified School District #7
P.O. Box 28 • 15560 W. Elementary School Road
Fort Thomas, AZ 85536

OVER-THE-COUNTER-MEDICATION CONSENT/MEDICAL INFORMATION RELEASE

Dear Parent or Guardian:

Our school doctor has approved the following over the counter medications. We may administer them if your child needs medication during the school day so that he/she may remain in school. NO medication may be given without permission or physician's order. Our stock medications include topical medications, cough drops, skin cleansers, eyewash, and saline solution for students with contact lens.

Listed below are the oral medications. Please check the medications you want your child to receive if ill or needed at school.

- Tylenol tablets/liquid (fever, headache, pain)
- Midol (for girls)
- Motrin tablets/liquid (fever, pain, swelling)
- Mylanta liquid/Pepto Bismal (upset stomach)
- Chloraseptic spray/gargle (sore throat)
- Benadryl capsules /liquid (cough, allergies, itching, runny nose)
- Robitussin DM cough syrup/cough drops

*All medications will be given appropriately for your child's age and needs.

Student's Name _____ Birthday _____

Grade _____ Teacher _____

Parent/Guardian Name _____

Home Number _____ Work Number _____

Emergency Contact Person/Number _____

Health Problems (asthma, seizure disorder, etc.) _____

List all medications taken on a regular basis _____

List any medicine/environmental allergies _____

Reactions to allergens listed above, if any (rash, fever, etc.) _____

In case of a serious illness or injury during school hours, please list family doctor and clinic.

Doctor _____ Clinic _____

In the event your child is taken to a clinic or hospital, you will be responsible for any and all costs. I give my permission for my child to participate in all vision, hearing and dental screenings and treatment provided at/by the school. I agree to the above information and give permission for the medications checked above to be administered at school. **If there is suspicion that my child is under the influence of any illegal substance the school may perform a urine drug screen.** I also give consent for any immunization records/information and hearing, vision, dental screening results to be released from any medical provider, hospital or clinic to Ft. Thomas Unified School District. If you do not give consent for this medical information to be released, please cross out the above sentence.

Parent/Guardian Signature _____

Date _____

PLEASE COMPLETE AND RETURN TO SCHOOL

Fort Thomas Unified School District No 7

An Equal Opportunity Employer

FT. THOMAS UNIFIED SCHOOL DISTRICT
PARENT COMPACT
2019-2020

Ft. Thomas Elementary School and parents of students agree that this compact outlines how the entire school staff, parents and students share the responsibility for improved student academic achievement. This document outlines the means by which the school and parents will develop a partnership that will help students meet high academic standards required by the State.

School Responsibilities: The teachers and staff of Ft. Thomas Elementary School will:

- Respect the school organization, staff, students and families.
- Provide high quality curriculum and instruction in a supportive and effective learning environment.
- Hold parent-teacher conferences at least once a semester.
- Provide Progress reports for each student every nine weeks.
- Be available to conference with parents Monday through Thursday from 3:00 to 3:30 pm or through appointments if these times do not fit parent schedules.
- Provide parent opportunities to participate in their child's education by volunteering in the classroom and participating in school and related activities.

As the representative of the School, I certify that the teachers and staff have read and agree to the above expectations.

5/7/19
Date


Principal


Martina Jalkola

Parent Responsibilities: As a parent/guardian, I will support my child's learning by:

- Respecting the school, staff, students and families.
- Making sure my child attends school every day possible.
- Making sure homework is completed.
- Monitoring the amount of television my child watches.
- Attending parent-teacher conferences.
- Participating, as appropriate, in decisions, in decisions relating to my child's education.
- Staying informed about my child's education by communicating with the teacher/school, by reading notices sent from the school and responding as needed.
- Contacting the teacher and/or principal when I have a concern about my child.
- Reading to or with my child for at least 30 minutes a day.

As a parent of a Ft. Thomas Elementary School student, I certify that I have read and agree to the above compact expectations.

Date

Parent Signature

Student Responsibilities: As a student, I will support my learning by:

- Respecting my school, teachers, staff and family.
- Doing my work and homework every day.
- Asking for help when I need it.
- Doing my best every day.
- Obeying the school rules.
- Giving all notices and information sent home with me to my parent or guardian.

As a student, I agree to do these things.

Date

Student Signature

School Bus Rules

Please review the following rules with your child and sign below so we can ensure all of our students and drivers can remain safe at all times while being transported to and from school each day.

Bus Stop Rules:

- 1.) Arrive to your designated bus stop at least 5 minutes prior the bus arriving
- 2.) Stand at least 10 feet away from any roadway
- 3.) No horseplay, throwing objects or running in the street while waiting for the bus
- 4.) Allow the bus to come to a complete stop, doors open and wait for the driver to signal it is safe to board the bus.
- 5.) Never push, or rush to get onto the bus.
- 6.) When getting off the bus after school, if crossing the road is necessary, make sure to
 - a. Watch for other vehicles while walking across the street
 - b. Always walk in front of the bus, never behind
 - c. Make sure you are at least 10 feet in front of the bus before crossing so the driver can see you at all times.
 - d. Headphones should never be worn when crossing the street, cross quickly and safely

Rules While Riding the Bus:

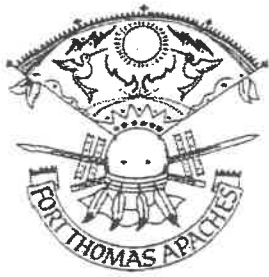
- 1.) Remain in your seat at all times, if the bus stops and it is not your turn to get off the bus, do not get out of your seat. Musical chairs is not a game to be played on the bus.
- 2.) Sit correctly, feet on the floor, back against the back of the seat, no feet in the aisle.
- 3.) Bus seats hold 3 children, personal belongings should be in your lap, not on the seat or floor.
- 4.) No children should be sitting on laps
- 5.) No body parts should ever be out the window.
- 6.) Trash belongs in the trash can, not the floor or out the window and should be thrown away when its your turn to get off the bus, not while the bus is in motion.
- 7.) Respect the other passengers on the bus, hands and feet to yourself
- 8.) Respect the bus, it is school property and damage to the seats/windows will not be tolerated.
- 9.) Cooperate and follow the directions of the driver

Failure to follow any of these rules may result in suspension of bus privileges. Damage to property may result in fines to repair/replace damaged property.

Student Signature

Parent Signature

Date



Fort Thomas Unified School District #7

15560 W. Elementary School Road

P.O. Box 300

Fort Thomas, Arizona 85536

www.ftusd.org

DISTRICT OFFICE

Shane Hawkins
Superintendent

Derrick Bryce
Business Manager

Lynne Jones
Federal Projects

P. (928) 485-9423
F. (928) 485-3019

FORT THOMAS HIGH SCHOOL

McKay DeSpain
Principal

P. (928) 485-2427
F. (928) 485-2834

FORT THOMAS ELEMENTARY SCHOOL

Lonnie Lunt
Principal

P. (928) 485-2433
F. (928) 485-3068

MT TURNBULL ELEMENTARY SCHOOL

Marthalean Talkalai
Principal

P. (928) 485-9423
F. (928) 485-3019

MT TURNBULL ACADEMY

Jayson Stanley
Director

P. (928) 475-3050
F. (928) 475-3051

USE OF TECHNOLOGY RESOURCES IN INSTRUCTION ELECTRONIC INFORMATION SERVICES USER AGREEMENT

I have read and agree to abide by the School District policy and regulations (Policy I-6431 IJNDB-E ©) of the electronic information system.

Name _____

Signature _____ Date _____

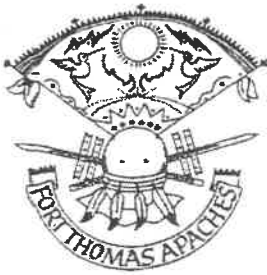
School _____ Grade _____

Parent or Guardian Cosigner

As the parent or guardian of the above-named student, I have read this agreement and understand it. I agree to abide by the School District policy and regulations (Policy I-6431 IJNDB-E ©) of the electronic information system.

Parent or Guardian Name (print) _____

Signature _____ Date _____



Fort Thomas Unified School District #7

15560 W. Elementary School Road

P.O. Box 300

Fort Thomas, Arizona 85536

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DISTRICT OFFICE

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Principal

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MT TURNBULL ELEMENTARY SCHOOL

Marthalean Talkalai
Principal

P. (928) 485-9423
F. (928) 485-3019

MT TURNBULL ACADEMY

Jayson Stanley
Director

P. (928) 475-3050
F. (928) 475-3051

PARENT PERMISSION FOR THE PUBLICATION OF STUDENT WORK AND/OR IMAGES

Throughout the school year, students may be highlighted in efforts to promote FTUSD activities and achievements and as a part of our commitment to the communication process. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media. Our webpages provide information about the activities of FTUSD, its employees, and students and can be viewed by anyone with access to the Internet. Children are not identified by name on our web pages. This form documents that you are willing to release your child's projects, photographs, video images and/or voice recordings into the public domain (includes news media and Internet.) There is no monetary compensation for the use of these projects and images.

YES, I give permission.

NO, I do not give permission.

Student Name (print)

Parent Signature

DATE: _____