

NEW Student Registration Application

SY 2024-2025

Registration Packet should be signed by parents or legal guardian AND student.

Kindergarten Enrollment: The child must be 5 years old before September 1st of the school year.

Reviewer's Initials	DOCUMENTS REQUIRED FOR ENROLLMENT
	<ul style="list-style-type: none"> • Birth Certificate: All students must have a birth certificate on file. If the birth certificate is lacking upon day of registration, a certified original must be submitted within thirty (30) days of registration date. No student may participate in AIA/NAIC activities without a birth certificate on file.
	<ul style="list-style-type: none"> • Certificate of Indian Blood (CIB): A copy of the Certificate of Indian Blood is required.
	<ul style="list-style-type: none"> • Immunization Records: No child will be admitted without immunization records. <i>"In accordance with the statutes and rules governing Arizona school immunization requirements; students must submit proof of all required school immunizations prior to starting/attending school."</i> https://www.azdhs.gov
	<ul style="list-style-type: none"> • Guardianship/Custody: Custody papers such as: an Arizona Court Appointed Guardianship Papers, Tribal Court appointed Guardianship or documentation of Superior Court of AZ showing a pending court date for guardianship hearing must be presented at time of registration. Final court documents must be presented to the school within one (1) week of the hearing date.
	<ul style="list-style-type: none"> • Proof of Residency: Parent/guardian must submit an original and current water, electric, or gas bill, signed lease agreement (NOT month to month), completion of AZ residency documentation form and/or completion of affidavit of shared residency.
	<ul style="list-style-type: none"> • Student's Transcripts/Discipline/Attendance Records: All students with prior completed high school credits must have an unofficial copy of the transcript at the time of registration. Failure to supply this information may result in loss of credit(s). A signed <i>Parent Authorization to Release Information</i> document must be completed.
	<ul style="list-style-type: none"> • Withdrawal Form/Withdrawal Grades: Student must have an official withdrawal form from previous school to enroll. Withdrawal grades are required if a student is enrolling after the semester has begun.
	<ul style="list-style-type: none"> • Special Education/504 Records (If applicable) <u>Provide a copy of the special education/504 plans with your child's enrollment application if you have one.</u> Otherwise, there will be a delay in support services for your child while we wait for the documents to be received. <i>Call the Exceptional Student Services (ESS) District Office to ensure that an IEP has been requested or received. ESS District Office (928) 283-1160</i>
	<ul style="list-style-type: none"> • One Call Now is a service provided by TCUSD to quickly contact families to share information about topics such as emergencies and reminders of upcoming events. If you are not set up to receive messages, please contact your child's school for information.





Tuba City Unified School District No. 15

NEW STUDENT ENROLLMENT APPLICATION SY 2024-2025

FOR OFFICE USE ONLY – REGISTRATION Checklist			
Birth Certificate _____	Received packet on _____	Entry and Exit Dates	
CIB _____	Data Clerk Entry _____	Grade	Code
Immunization Record _____	School ID# _____	Date	Data Clerk Initials
Proof of AZ Residency _____			
Guardianship/Custody _____			

NEW STUDENT INFORMATION

Student Full Legal Name:

LAST Name

FIRST Name

Middle Name

Student Phone Number

Mailing Address:

City:

State:

Zip Code:

Gender:

☐

Female

☐

Male

Date of Birth:

State of Birth:

Country of Birth:

Enrolling Grade:

Chapter/Village:

Tribal Census #:

Ethnicity (select all that apply)

☐ American Indian / Alaska Native →

Specify Tribe:

☐ White

☐ Native Hawaiian/Pacific Islander

☐ Black/African American

☐ Hispanic / Latino (Cuban, Mexican, Puerto Rican, South or Central American)

☐ Asian (Cambodia, China, India, Vietnam, Philippine, etc.)

FAMILY INFORMATION

Father /stepparent/ grandparent/ guardian, foster parent	Primary Contact Number	Secondary Contact Number
Email address	Employer	Work Number
Is the student a dependent of a member of the United States Military services in the Active Duty Army, Navy, Air-Force, Marine Cops, or Coast Guard?		
<input type="checkbox"/> YES <input type="checkbox"/> No		
Mother /stepparent/ grandparent/ guardian, foster parent	Primary Contact Number	Secondary Contact Number
Email address	Employer	Work Number
Is the student a dependent of a member of the United States Military services in the Active Duty Army, Navy, Air-Force, Marine Cops, or Coast Guard?		
<input type="checkbox"/> YES <input type="checkbox"/> No		

NEW STUDENT ENROLLMENT INFORMATION

Name of previous school, city, state:	Grade:	Date Withdrawn:
Has your child been enrolled with TCUSD or in any other Arizona school before? No / Yes → Name of school/district: _____		
Has your child been:	Suspended? Yes / No	Is your child currently being considered for expulsion? Yes / No
	Retained? Yes / No	Has your child been expelled from any school district? Yes / No
At the previous school: <input type="checkbox"/> My child was in the Gifted Program <input type="checkbox"/> My child received ELL/LEP support services <input type="checkbox"/> My child had a 504 Plan <input type="checkbox"/> My child received Special Education support services		
REGISTRAR: ↑↑↑Notify the Exceptional Student Services Office if any areas are checked above in the shaded area. ↑↑↑		

Please list **ALL siblings currently enrolled** with any Tuba City Unified Schools

Name, Age, School

Name, Age, School

Name, Age, School

Name, Age, School

EMERGENCY CONTACT must be a relative other than parent/guardian

Contact's Name _____ Relationship to student _____

Phone Number #1: _____ Phone Number #2: _____

Contact's Name _____ Relationship to student _____

Phone Number #1: _____ Phone Number #2: _____

CHECKOUT INFORMATION – Photo ID required at the time of checkout

Student may **ONLY** be checked out by immediate family who are over 18+ years of age. **NO** self-checkouts and limited to **4 people**.

Do not list parent/guardian here

1 Name _____ Relationship To Student _____

2 Name _____ Relationship To Student _____

3 Name _____ Relationship To Student _____

4 Name _____ Relationship To Student _____

HOME LOCATION

Please write directions to your home location using specific directions milepost, landmarks, house description, name of street, house#, housing complex name etc., along with a drawn map below:

Draw a map to home location below ↓

I understand that providing false information on this form may result in the application being denied or admission being revoked. The signatory affirms that the child will abide by the rules, standards, and policies of each school within Tuba City Unified School District.

X

Parent/Guardian Signature

Date

X

Student Signature

Date

SIGN HERE

Tuba City Unified School District No. 15

SY 2024-2025 POLICY ACKNOWLEDGEMENT SIGNATURE SHEET

ARIZONA RESIDENCY GUIDELINE

By checking below, Parent(s)/Guardian(s), you are reaffirming that your Arizona Residency has remained the same as when you enrolled your student. Per A.R.S. § 15-802

FERPA

By checking below, Parent(s)/Guardian(s) and Student acknowledge that you have access to read the Family Educational Rights and Privacy Act (FERPA) letter, which is located online at www.tcsud.org/registration

CHILD FIND & ANNUAL NOTIFICATION TO PARENTS

By checking below, Parent(s)/Guardian(s) and Student acknowledge that you have access to read the Child Find letter and the Annual Notification to Parents, which is located online at www.tcsud.org/registration

RELEASE OF DIRECTORY INFORMATION AND/OR PHOTOGRAPHING/VIDEOTAPING

By checking below, Parent(s)/Guardian(s) and Student acknowledge that you have access to read the Release of Directory Information and/or Photographing/Videotaping, which is located online at www.tcsud.org/registration and that you must contact the Registrar in writing within the first 10 days of school, refusal to allow use of directory information or photographing/videotaping of your child.

USE OF TECHNOLOGY & ELECTRONIC INFORMATION SERVICES & EQUIPMENT

As the student, I have read and agree to abide by the School District policy and regulations (e.g. IJNDB and IJNDBR) on appropriate use of the electronic information system. I understand and will abide by the provisions and conditions indicated. I understand that any violation of the terms and conditions may result in disciplinary action and the revocation of my use of information services.

As the parent(s)/guardian(s) of this student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the information services. I also agree to report any misuse of the information services to a School District administrator. I accept full responsibility for supervision if, and when, my child's use of the information services is not in a school setting. I hereby give my permission to have my child use electronic information services.

By checking below, we acknowledge that we have access to read and understand the Use of Technology & Electronic Information Services Equipment information, which is located in our family handbook online at www.tcsud.org

TEXTBOOK RESPONSIBILITY

By checking below, Students is acknowledging that he/she is responsible for returning the EXACT book that was checked out to them. Non-matching barcodes will not scan to student's name, so credit will not be given to that student for non-matching returns. If barcodes have been defaced or removed, it is impossible to determine who a book has been checked out to; therefore, credit cannot be given for that book's return and student will be responsible for payment. It is the student's responsibility to check in their books in the same manner they were checked out to them. Do not leave them in a classroom, office, or given to someone else to be returned.

ACKNOWLEDGEMENT OF STUDENT HANDBOOK

"I understand and consent to the responsibilities outlined in the student handbook. I also understand and agree that my child shall be held accountable for the behavior and consequences outlined in the book at school and at school sponsored and school related activities, including school sponsored travel and for any school related misconduct, regardless of time and location. I understand that any student who violates the Student Code of Conduct shall be subject to disciplinary action, up to and including referral for criminal prosecution for violation of law. I understand that my child shall be accountable for abiding by all policies, rules and procedures for using electronic information services as outlined in this planner. Users who violate these policies, rules and procedures will be denied access to electronic information services and will be subject to disciplinary action. TCUSD #15 may log the use of all systems and monitor all system utilization. Accounts may be closed and files may be deleted at any time. TCUSD #15 is not responsible for any service interruptions, changes, or consequences". By checking the box, we acknowledge that we have access to read and understand the Student Handbook, which is located online at www.tcsud.org



By Checking here, we have read and acknowledged the above policies and will adhere to them to the best of our knowledge.

X

Parent/Guardian Signature

X

Student Signature

Date

SIGN HERE

Tuba City Unified School District No. 15

JR-EB ©
EXHIBIT

STUDENT RECORDS - DESIGNATION OF DIRECTORY INFORMATION

During the **school year 2024-2025**, District staff members may compile non-confidential student directory Information specified below.

According to state and federal law the below-designated directory information may be publicly released to educational, occupational, or military recruiting representatives without your permission. If the Governing Board permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by law the District is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. *If you do not object to the release of any or all of the below-designated information in writing, then the district must provide military recruiters, upon request, directory information containing the student's names, addresses and telephone listings.*

If you *do not want any or all of the* below-designated information about your son/daughter to be released to any person or organization without your prior signed and dated written consent, you must notify the District in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the Principal, within two (2) weeks of receiving this form. If the School District does not receive this notification from you within the prescribed time, *it will be assumed that your permission is given* to release your son's/daughter's designated directory information.

To the Principal of: ☐ TCES ☐ DLES ☐ THES ☐ TCJHS ☐ TCHS ☐ NAA
(Check the school that your child is attending)

I do not want any information I have checked ☒ below concerning my child, to be released to any person or organization without my prior written consent:

Check all that apply for _____:
(Child's name)

<input type="checkbox"/>	Name	<input type="checkbox"/>	Address
<input type="checkbox"/>	Telephone Listing	<input type="checkbox"/>	Electronic Mail Address
<input type="checkbox"/>	Date and Place of Birth	<input type="checkbox"/>	Photograph
<input type="checkbox"/>	Date of Attendance	<input type="checkbox"/>	Grade Level
<input type="checkbox"/>	Honors and awards received	<input type="checkbox"/>	Major field of study
<input type="checkbox"/>	Enrollment status (e.g., part time or full time)		
<input type="checkbox"/>	Weight and height of members of athletic teams		
<input type="checkbox"/>	Participation in officially recognized activities and sports		
<input type="checkbox"/>	Most recent educational agency or institution attended		

X

Parent/Guardian Signature

Date

SIGN HERE

Student Records Request

PO Box 67, Tuba City, AZ 86045

Website: www.tcusd.org

Student Name: _____ Date of Birth: _____ Grade: _____

I hereby authorize:

Name of Previous School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____ Fax # _____

To release all information on file concerning my child, which may be of value in formulating the best plan for his/her education. This request includes:

- | | |
|---|--|
| * Official Academic Transcript | * Immunizations/Student Health Records |
| * Suspension & Expulsion Records | * Special Education / 504 Records: |
| * Discipline & Truancy Records | <i>Email to spedrecords@tcusd.org</i> |
| * ELL Records & Scores | |
| * Official Withdrawal Form | * Behavioral Records (if applicable) |

(A.R.S 15-828§) Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's records to the new school shall comply and forward the records within 10 (ten) school days after receipt of this request.

TO BE RELEASE TO:

- | | |
|--|--|
| <input type="checkbox"/> Tuba City High School | Email: mcoin@tcusd.org |
| <input type="checkbox"/> Nizhoni Accelerated Academy | Email: sshorty@tcusd.org |
| <input type="checkbox"/> Tuba City Junior High School | Email: dsumatzkuku@tcusd.org |
| <input type="checkbox"/> Tuba City Elementary School | Email: rgeneeha@tcusd.org |
| <input type="checkbox"/> Dzil Libei Elementary School | Email: lobadoni@tcusd.org |
| <input type="checkbox"/> Tsinaabaas Habitiin Elementary School | Email: jhomer@tcusd.org |

It is understood that the confidential nature of those records will be maintained.

X

SIGN HERE

Signature of Parent/Guardian

Relationship to Student

(34 CFR § 99.31) The Federal Family Education Rights and Privacy Act (FERPA) provide that the written consent of the parent/guardian/eligible students is not required to release education records to officials of other school or school system in which the student seeks or intends to enroll.

Signature of School Official

Date

FOR OFFICIAL USE ONLY

1 st Request _____	2 nd Request _____	3 rd Request _____
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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 AZELLA 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_____ Tuba City Unified School District No. 15

School_____

SIGN HERE

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 05-2023)

Tuba City Unified School District No. 15

Student Health History

Student Name _____ Grade _____ Student ID# _____
 Date of Birth _____ ☐ Female ☐ Male
 Phone Number: _____

Student's Physician	Student's Dentist

☒ Please check any conditions that are present and from the past.

<input type="checkbox"/> Allergy (ies) to: <i>Reaction:</i> _____ <i>Medication:</i> _____ <input type="checkbox"/> Skin Condition (Type): <i>Medication:</i> _____	<input type="checkbox"/> Asthma <i>Type of Medication:</i> _____ <input type="checkbox"/> <i>To be taken at school</i> <input type="checkbox"/> History of Chickenpox <i>What Year:</i> _____	<input type="checkbox"/> Diabetes <i>Type 1 or Type 2</i> <i>Age Diagnosed:</i> _____ <i>Medication:</i> _____ <input type="checkbox"/> Seizure Condition (Type): <i>Medication:</i> _____	<input type="checkbox"/> Depression or Mental Health Condition <i>Medication:</i> _____ <input type="checkbox"/> Attention Deficient Disorder <i>Medication:</i> _____
<input type="checkbox"/> Pneumonia in the past <input type="checkbox"/> Dental Problems <input type="checkbox"/> Heartburn/GERD <input type="checkbox"/> Ulcers/Colitis/Crohn's <input type="checkbox"/> Nasal/Sinus Condition <input type="checkbox"/> Heart Condition <input type="checkbox"/> Bladder/Kidney Infections <input type="checkbox"/> Ear Infections/Tube in the Past	<input type="checkbox"/> Glasses or Contacts <input type="checkbox"/> Color Blindness <input type="checkbox"/> Other Eye Conditions <input type="checkbox"/> Speech Problem <input type="checkbox"/> Bone or Joint Problem <input type="checkbox"/> Juvenile Arthritis <input type="checkbox"/> Back Problem/Scoliosis <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Migraines or Chronic Headaches <input type="checkbox"/> History of Severe Head Injury <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Learning Disability <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Thyroid Condition <input type="checkbox"/> Other Health Conditions:	<input type="checkbox"/> Birth of Congenital Condition <input type="checkbox"/> Cancer History: <input type="checkbox"/> History of Severe Illness: <input type="checkbox"/> Past Surgeries (Type & Year):

List any other Disability or Health Conditions Which May Limit Activities:	List any Medications or Supplements taken at Home:
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Health Permit/Over-the-Counter Medication

According to Arizona State Law (HB2336), school nurses may administer "over the counter" medications. Please check the following list and indicate what medication you **will allow** your child to receive at school.

	YES	NO		YES	NO
Ibuprofen (Motrin, Advil) 200mg			Antacid (Tums, Neutrin, Mylanta) 500mg/750mg/1000mg		
Acetaminophen (Tylenol) 500 mg / 80-160 mg			Bacitracin Ointment/Triple Antibiotics		
Throat Lozenges/Cough Drops			Cough Medicine		
Artificial Tears (Refresh Tears)			Hydrocortisone Cream/Calamine		
Muscle ache ointment (icy/hot or Bengay)			Antihistamine 12.5mg/ Loradame 10mg/ Cetrimed 10mg		
Sting Relief (for insect bites)			Orajel (toothache/gum ache)		
First Aid Burn Cream			Cramp Tab		

Consent for Emergency Care

In the event that my child is injured or becomes seriously ill during school hours or during authorized school activities, I give my permission for my child to be taken to the nearest emergency facility. I hereby authorize TCUSD#15 personnel to act on my behalf in the event that I cannot be contacted by reasonable means. I also authorize any medical doctor or treatment center personnel to use their professional judgment to render such aid, treatment or care that may be required on any emergency basis to my child. It is also understood that this is intended to extend throughout the current school year.

Parent/Legal Guardian Signature X _____ Date _____

SIGN HERE

Tuba City Unified School District No. 15

JLCD-E ©
EXHIBIT

MEDICINES / ADMINISTERING

MEDICINES TO STUDENTS

REQUEST FOR GIVING MEDICINE AT SCHOOL for SY 2024-2025

Student Name _____ Grade _____

Teacher's Name _____

School ☐ TCHS ☐ NAA ☐ TCJHS ☐ TCES ☐ DLES ☐ THES

Medication _____

Diagnosis/reason for giving _____

Time to be given _____ a.m. Time to be given _____ p.m.

Dates from _____ to _____

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage, and time to be given. An over-the-counter medication must be in the original packaging, with all directions, dosages, compound contents, and proportions clearly marked. Student misuse of medication being *self-administered** may result in seizure and disciplinary action.

SIGN HERE

Parent/Legal Guardian Signature _____

Date _____

**A signed physician's statement indicating the necessity must accompany any request for self-administration of medicine, whether it is prescription or over-the-counter medicine except in the case of medication for diagnosed anaphylaxis including auto-injectable epinephrine and breathing disorders requiring handheld inhaler devices. In these cases the student's name on the prescription label is sufficient for the physician's recommendation.*

Tuba City Unified School District No. 15
Documentation of Varicella (Chickenpox) Disease or Immunization
SY 2024-2025

****For New Students ONLY****

An official copy of immunization record is required to enroll.

Student Name: _____ Date of Birth: _____

School Name: _____ Grade: _____

Has your child ever had chickenpox?	Yes (go to #1)	No (go to #2)	Don't Recall (go to #1)
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1. Please answer the following questions

a. Was your child in "face-to-face" contact with other children who had chickenpox?	Yes	No	Don't Recall
b. Did your child have a rash on his/her body?	Yes	No	Don't Recall
c. Did the rash "itch"?	Yes	No	Don't Recall
d. Were there blisters present?	Yes	No	Don't Recall
e. Did "scabs" appear toward the end of the rash?	Yes	No	Don't Recall
f. When did your child have chickenpox? (approximate date)	_____ Month	_____ Year	

2. If your child has not had chickenpox, has he/she had the chickenpox (varicella) shot? (please select one)	Yes	No	Don't Recall
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If you circled **YES**, please take your child's immunization record to the school nurse so the date of the shot can be recorded in your child's health record.

If you circled **NO or Don't Recall**, please take your child to their doctor or to the local health clinic to get the chickenpox shot, then take their immunization record to the school nurse so the date can be recorded in your child's health record.

Parent/Legal Guardian Name:
(please print) _____

Parent/Legal Guardian Signature:  _____

SIGN HERE

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant 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 level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ____child ____child's parent ____child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

SIGN HERE

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335



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

SIGN HERE

*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.



State of Arizona Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- _____ 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)
- _____ 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

Printed Name of Affiant: _____

Signature of Affiant: _____



Acknowledgement

State of Arizona

County of _____

The foregoing was acknowledged before me this __ day of _____, 20 __,

By _____

My Commission Expires:

Notary Public

Tuba City Unified School District No. 15

Bus Riding Rules Agreement for **SY 2024-2025**

REGISTRAR: Send a copy of the agreement to Transportation and keep one for student's cumulative file.

Student Name

Grade

☐ TCES ☐ DLES ☐ THES ☐ TCJHS ☐ TCHS ☐ NAA ☐ PEEP

- Observe the same conduct as in the classroom.
- Be Nice. Be Kind. No yelling, screaming or profane language.
- Be at the pick-up location on time. Bus schedules are important to get to school on time.
- No running, pushing, or shoving to get on or off the bus.
- Do not eat or drink on the bus. Water bottles, used appropriately, are allowed.
- Remain seated while the doors of the bus are closed.
- DO not vandalize the bus.
- Skateboards, longboards, and scooters are not allowed on the bus.
- The driver or aide is authorized to assign seats. Always follow the directions of the driver or aide.
- Stay sitting in your seat, facing forward.
- Keep all body parts and objects inside the bus and to yourself. Do not throw items in or out of the bus.
- No glass bottles, pets, insects, reptiles, weapons, chemicals, or drugs/alcohol/tobacco are allowed on the bus.

My signature below attests that I have been provided access to and/or received copy of the Family Handbook, Technology guidelines, Hazing policy, Student Violence policy, Bus Rules and Regulations, and the Equal Educational Opportunity Policy of Tuba City Unified School District. I have been provided the opportunity to read and review them with my child/parent/guardian. Failure to sign this form does not preclude students from the responsibilities and/or consequences outlined in the Family Handbook.

X

Parent/Guardian Signature

SIGN HERE

Date

X

Student Signature

SIGN HERE

Date

Tuba City Unified School District No. 15

McKinney-Vento Assistance Act Student Residency Questionnaire SY 2024-2025

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____

School _____ Phone _____

Age _____ Grade _____ D.O.B. _____

*Address _____ City _____ Zip Code _____

****Is this address (circle one) Temporary or Permanent?***

Please choose which of the following situations the student currently resides in (you can choose more than one):

_____ House or apartment with parent or guardian

_____ Motel, car, or campsite

_____ Shelter or other temporary housing

_____ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

_____ Loss of housing

_____ Living with boyfriend/girlfriend

_____ Economic situation

_____ Loss of employment

_____ Temporarily waiting for house or apartment

_____ Parent/Guardian is deployed

_____ Provide care for a family member

_____ Other (Please explain)

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

- Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- Transportation to the school of origin for the regular school day;
- Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that is offered to the other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at (928) 283-1001 ext. 1183.

By signing below, I acknowledge that I have received and understand the above rights.

SIGN HERE

Signature of Parent/Guardian

Date

Signature of McKinney-Vento Liaison

Date

FOR OFFICE USE ONLY

School use only-Campus Administrator's determination of Section A circumstances:

- ☐ Student Lives apart from parent/guardian for school purposes
- ☐ Student and parent live another family-not homeless.
- ☐ Student comes under the McKinney Vento Act.

Instructions for Registrars:

1. Mark in PowerSchool as appropriate.
2. Send questionnaire to campus/district administrator.
3. Questionnaires of qualified students.
4. Discard questionnaires of non-qualifying students.
5. Contact District Liaison.