



Tuba City Unified School District No. 15

RETURNING STUDENT

SY 2024-2025

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

Registration Requirements

- **Immunization Records:** No child will be admitted without current immunization records. *"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."*
<https://www.azdhs.gov>
- **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.



Welcome back to another school year!



Tuba City Unified School District No. 15

RETURNING 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	Date	Data Clerk Initials
Immunization Record _____	School ID# _____				
Proof of AZ Residency _____					
Guardianship/Custody _____					

RETURNING 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		

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

Students 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

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"/> <i>Right</i> <input type="checkbox"/> <i>Left</i>	<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:
--	--

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

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.

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

Date

X

Student Signature

Date

SIGN HERE