



SY 2026-2027

NEW STUDENT
Registration Requirements

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.
	<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.
	<ul style="list-style-type: none"> • Guardianship/Custody: Custody or guardianship papers 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, 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).
	<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 <i>(If applicable)</i> Provide a copy of the special education/504 plans with your child's enrollment application <i>if you have one.</i>
	<ul style="list-style-type: none"> • ParentSquare 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 #15 provides educational opportunities through a "**Stronger Together**" framework, focusing on academic growth, student well-being, and community partnership. The district offers specialized programs for gifted education, exceptional student services, and comprehensive counseling to support career and academic paths, while upholding Indian Preference in employment and ensuring equal opportunity.

Key educational opportunity policies include:

- Exceptional Student Services: Individualized Education Plans (IEP) and, in some cases, resource room support, are provided to students with disabilities to ensure access to the general education curriculum.
- Gifted Education: Specialized curriculum and identification services are offered to challenge and enrich student learning.
- Guidance and Counseling: Counselors work on student career interests, academic progress, and personal development, providing information on college and career options.
- Attendance and Access: With a focus on attendance for academic success, the district mandates safe, consistent access to school programs, often using, for instance, a single point of entry for campus security.
- Cultural Responsiveness: As a district serving a large Native American population, there is a focus on supportive, safe, and culturally relevant learning environments.



NEW STUDENT ENROLLMENT APPLICATION

SY 2026-2027

NEW STUDENT INFORMATION

Student Full Legal Name: _____

LAST Name
FIRST Name
Middle Name
Student Phone Number

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home Location: _____ City _____
(Map is optional on separate sheet)

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
Are you 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
Are you 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		
Guardian or Foster Parent	Primary Contact Number	Secondary Contact Number
Email address	Employer	Work Number
Are you 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: My child was in the Gifted Program My child received ELL/LEP support services My child had a 504 Plan My child received Special Education support services

REGISTRAR: ↑↑↑Notify the departments 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
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(s) 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 _____

I hereby acknowledge that the information provided above is true and correct.

X _____ Parent/Guardian Signature	_____ Date	X _____ Student Signature	_____ Date
---	---------------	-------------------------------------	---------------

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 _____			

Optional (Map to home)

Tuba City Unified School District No. 15

JR-EB ©

STUDENT RECORDS DESIGNATION OF DIRECTORY INFORMATION

During the school year, District staff members may compile nonconfidential 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 and 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: Principal

I do not want any or all the information I have checked below concerning (student's name)

_____ designated as directory information and released to any person or organization without my prior written consent:

- | | |
|---|--|
| <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

**ADMINISTERING MEDICINE
TO STUDENTS**

REQUEST FOR GIVING MEDICINE AT SCHOOL

Student Name _____ Grade _____

Teacher's Name _____ School: _____

Medications _____

Diagnosis/reason for giving _____

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

Parent's or Guardian's 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 2026-2027

****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 **No** **Don't Recall**
(go to #1) (go to #2) (go to #1)

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**

If you checked **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 checked **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: X _____



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 _____	
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 05-2023)

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 _____

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



Homeless Education

The Educational Rights of Homeless Children and Youths

The LEA shall provide an educational environment that treats all students with dignity and respect. Every student experiencing homelessness shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of children, youth, and unaccompanied youth experiencing homelessness applies to all services, programs, and activities provided or made available by the LEA.

McKinney-Vento Definition of Homeless:

The term “homeless children and youth”— means individuals who lack a fixed, regular, and adequate nighttime residence [\[42 U.S.C. § 11434a\(2\)\]](#).

A student may be considered eligible for services as a “Homeless Child or Youth” under the McKinney-Vento Homeless Assistance Act if presently living in one of the following situations:

- Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason,
- Living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations,
Living in emergency or transitional shelters; or are abandoned in hospitals,
- Have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,
Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- Is a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in circumstances described above.

To remove educational barriers for children and youths experiencing homelessness, the McKinney-Vento Homeless Assistance Act mandates the following:

Immediate Enrollment: Documentation and immunization records cannot serve as a barrier to the enrollment in school [42 U.S.C. §11432(g)(3)(C)].

School Selection and Maintained Enrollment: McKinney-Vento eligible students have a right to select from the options outlined below. Students may remain enrolled in their selected schools for the duration of homelessness, and until the end of the academic year upon which they are permanently housed or enroll the child or youth in any public school that non-homeless students who live in the attendance area in which the child or youth is living are eligible to attend [42 U.S.C. §§11432(g)(3)(A); (g)(3)(B); (g)(3)(I)(i)].

School of Origin	School of Residency
The school the student attended when permanently housed	The school in the attendance area in which the student currently resides
The school in which the student was last enrolled	

Transportation Services: McKinney-Vento eligible students attending their School of Origin have a right to transportation to and from the School of Origin [42 U.S.C. §11432(g)(1)(J)(iii)].

Participation in Programs: McKinney-Vento eligible students are guaranteed the right to services comparable to services offered to other students in the school [42 U.S.C. §§11432(g)(4); (g)(6)(iii)].


Unaccompanied Youth Experiencing Homelessness: McKinney-Vento eligible students are guaranteed the right to immediate enrollment without proof of guardianship [42 U.S.C. §1432(g)(1)(H)(iv)].

Access to Extracurricular Activities: Removal of barriers to accessing academic and extracurricular activities for homeless students who meet relevant eligibility criteria [42 U.S.C. §11432(g)(1)(F)(iii)].

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a dispute with the school district by contacting the McKinney-Vento Homeless Liaison within seven (7) business days of receiving the written eligibility determination notification [42 U.S.C. §11432(g)(3)(E)].

Appointment of a McKinney-Vento Homeless Liaison: The McKinney-Vento Homeless Assistance Act mandates the appointment of a local Homeless Liaison in every school district or local education agency (LEA) to ensure that homeless children and youth are enrolled in and have a full and equal opportunity to succeed in school [42 U.S.C. §§11432(g)(1)(J)(ii); (g)(6)(A)].

For more information, refer to [Arizona Department of Education Homeless Education Program, 42 USC CHAPTER 119, SUBCHAPTER VI, Part B: Education for Homeless Children and Youths](#), and [the Arizona ESEA Consolidated State Plan](#). You may also contact:

<p>LEA Homeless Liaison</p> <p>LEA Name</p> <p>LEA Homeless Liaison Office Address</p> <p>LEA Homeless Liaison Phone Number</p> <p>LEA Homeless Liaison Email address</p>	<p>State Homeless Education Program Coordinator</p> <p>Arizona Department of Education</p> <p>1535 W. Jefferson Street</p> <p>Phoenix, AZ 85007</p> <p>(602) 542-4963</p> <p>Homeless@azed.gov</p> 
--	--



Homeless Education

Arizona Student Residency Questionnaire

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.

Section A

Today's date: _____

Name of individual completing this form: _____

Your telephone number: _____ Your email address: _____

Student name: _____

Last school attended: _____ Current grade _____ Birth date: _____

Do you have additional children attending school in our district? Yes No

Do you have children of the preschool age? Yes No

Please provide information about additional children attending school in our district or of preschool age.

Last Name	First Name	Grade	School	District

Address of where the student slept last night: _____

Is this address based on a temporary living arrangement due to the loss of housing? Yes No

(Examples: sharing the housing with others due to economic hardship or similar reason; hotel/motel; shelter; transitional housing; car; park; campsite; and inadequate housing, including no running water, electricity, or adequate space)

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.

Section B

Name of the parent/guardian/adult caring for the student: _____

Relationship to the student: _____

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes No

Please place an "X" in each box that best describes where the student sleeps at night.

- In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
- Staying with a friend or relative because of loss of housing, economic hardship, or similar reason
(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

What date did you begin staying here? _____

- In a shelter/transitional housing program (name of agency): _____
What date did you begin staying here? _____

- In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)
Provide the main cross streets of this unsheltered location: _____

- In a hotel/motel (name of hotel/motel & address) _____
What date did you begin staying here? _____

- With an adult that is not a parent or court appointed legal guardian
- Alone, not in the care of a parent or court appointed legal guardian
- None of the above (Please explain): _____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

Signature of Person Providing Information
Parent/Legal guardian/Caregiver/Student

Date

For School Use Only

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: _____

Please check the housing types that apply:

Sheltered Doubled-up Unsheltered/FEMA/Substandard Hotel/Motel

Unaccompanied youth: Yes No Transportation to school of origin needed: Yes No

Date received by Homeless Liaison _____
--



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.



**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



Alternative Form for Income-Based Eligibility

The Arizona Department of Education provides the following Fiscal Year 2026 Income Guidelines for determining income eligibility for a various state and federal programs. This form should be utilized by households with students that attend schools that do not offer the National School Lunch Program (NSLP) or by households with students that attend schools operating a special provision option in a non-base year for the NSLP. Organizations should retain completed forms for a period of five years.

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, social security, retirement benefits, unemployment compensation, worker's compensation, aid for dependent children, alimony, child support, pensions, insurance, or annuity payments, etc.

Exclusion: the value of meals, milk, or EBT benefits to children shall NOT be considered income in the household.

Is your household at or below the current income guidelines based on the attached Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act Income Eligibility Guidelines Schedule?

Yes, Income Eligibility 2 (Indicator 2 in AZEDS):	<input type="text"/>
Yes, Income Eligibility 1 (Indicator 1 in AZEDS):	<input type="text"/>
No:	<input type="text"/>

If your household qualifies, please complete the following information for each student:

Student's Name

Name of School

Eligibility status is only recognized from the date of the signature until the end of the respective school year.

I hereby certify that all the above information is true and correct:

Parent/Guardian Signature: _____ Date: _____

Income Eligibility Guidelines: July 1, 2025 to June 30, 2026

Income Eligibility 1

HOW OFTEN INCOME WAS RECEIVED

Family Size	Yearly	Monthly	Bi-Weekly (Every Two Weeks)	
			2x Month (Bi-Monthly)	Weekly
1	\$20,345	\$1,696	\$848	\$783
2	\$27,495	\$2,292	\$1,146	\$1,058
3	\$34,645	\$2,888	\$1,444	\$1,333
4	\$41,795	\$3,483	\$1,742	\$1,608
5	\$48,945	\$4,079	\$2,040	\$1,883
6	\$56,095	\$4,675	\$2,338	\$2,158
7	\$63,245	\$5,271	\$2,636	\$2,433
8	\$70,395	\$5,867	\$2,934	\$2,708
Each Additional Member Add:	+\$7,150	+\$596	+\$298	+\$275
				+\$138

Income Eligibility 2

HOW OFTEN INCOME WAS RECEIVED

Family Size	Yearly	Monthly	Bi-Weekly (Every Two Weeks)	
			2x Month (Bi-Monthly)	Weekly
1	\$28,953	\$2,413	\$1,207	\$1,114
2	\$39,128	\$3,261	\$1,631	\$1,505
3	\$49,303	\$4,109	\$2,055	\$1,897
4	\$59,478	\$4,957	\$2,479	\$2,288
5	\$69,653	\$5,805	\$2,903	\$2,679
6	\$79,828	\$6,653	\$3,327	\$3,071
7	\$90,003	\$7,501	\$3,751	\$3,462
8	\$100,178	\$8,349	\$4,175	\$3,853
Each Additional Member Add:	+\$10,175	+\$848	+\$424	+\$392
				+\$196

If all income is received on the same schedule

Example: alimony = \$100 / month & pension = \$300/month

DO NOT use conversion factors

If family reports income sources from more than one schedule
 Example: alimony = \$100 / month & pension = \$300 / week

Income MUST be converted to yearly.

Yearly income = Monthly x 12

Yearly income = Twice Per Month (Bi-Monthly) x 24

Yearly Income = Every Two Weeks (Bi-Weekly) x 26

Yearly Income = Week x 52

DO NOT round the values resulting from each conversion.

Internet Acceptable Use Policy **Board approved: February 7, 2013**

Purpose

The goals of this policy are to outline appropriate and inappropriate use of Tuba City Unified School District's Internet resources, including the use of browsers, electronic mail and instant messaging, file uploads and download, and voice communications. IAUP requires that the use of the resources be in accordance with the following guidelines and support the education, research, and educational goals of the District. Use of these services is subject to the following conditions.

Your Account

Internet access at Tuba City Unified School District is controlled through individual accounts and passwords. Department managers are responsible for defining appropriate Internet access levels for the people in their department and conveying that information to the Technology Dept.

Each user (Certified, Classified, Students and Guests) of Tuba City Unified School District's system is required to read this Internet policy and sign an Internet use agreement prior to receiving Internet access/User ID/Login account and password.

Appropriate Use

Individuals at Tuba City Unified School District are encouraged to use the Internet to further the goals and objectives of Tuba City Unified School District. The types of activities that are encouraged include:

1. Communicating with fellow employees, business partners of Tuba City Unified School District and clients within the context of an individual's assigned responsibilities.
2. Acquiring or sharing information necessary or related to the performance of an individual's assigned responsibilities.
3. Participating in educational or professional development activities.

Inappropriate Use

Individual Internet/User ID/Login use will not interfere with others' productive use of Internet resources. Users will not violate the network policies of any network accessed through their account. Internet use at Tuba City Unified School District will comply with all Federal and State laws, all Tuba City Unified School District policies, and all Tuba City Unified School District contracts. This includes, but is not limited to, the following:

1. The Internet/User ID/Login may not be used for illegal or unlawful purposes, including, but not limited to, copyright infringement, obscenity, libel, slander, fraud, defamation, plagiarism, harassment, intimidation, forgery, impersonation, illegal gambling, soliciting for illegal pyramid schemes, and computer tampering (e.g. spreading computer viruses).
2. The Internet/User ID/Login may not be used in any way that violates Tuba City Unified School District's policies, rules, or administrative orders including, but not limited to, Board Approved policies. Use of the Internet in a manner that is not consistent with the mission of Tuba City Unified School District, misrepresents Tuba City Unified School District, or violates any Tuba City Unified School District policy is prohibited.

3. Individuals should limit their personal use of the Internet unless otherwise. Tuba City Unified School District allows limited personal use for communication with family and friends, independent learning, and public service unless otherwise. Tuba City Unified School District prohibits use for mass unsolicited mailings, access for non-employees to Tuba City Unified School District resources or network facilities, uploading and downloading of files for personal use, access to restricted sites, gaming, competitive commercial activity unless pre-approved by Tuba City Unified School District and the dissemination of chain letters.
4. Individuals may not establish company computers as participants in any peer-to-peer network, unless approved by management.
5. Individuals may not view, copy, alter, or destroy data, software, documentation, or data communications belonging to Tuba City Unified School District or another individual without authorized permission.
6. In the interest of maintaining network performance, users should not send unreasonably large electronic mail attachments or video files not needed for business/classroom purposes.
7. Individuals will only use Tuba City Unified School District approved services, specifically PR, Interviews and School Related functions for voice communication over the Internet.

District Issued Equipment

Teachers, Staff and Students of Tuba City Unified School District that have District issued technology equipment (Laptops, Tablets, Workstations, Printers etc..) must return them to the Technology Department or Supervisor to receive their final payout (teachers only) or upon resignation or termination.

Any District issued technology equipment (laptops and tablets) that are damaged, lost or stolen by the district employee or student due to misuse and negligence is subject to pay for any District owed property upon review by their Supervisor/Principal and Technology Director.

Security

For security purposes, users may not share account or password information with another person. Internet/User ID/Login accounts are to be used only by the assigned user of the account for authorized purposes. Attempting to obtain another user's account password is strictly prohibited. A user must contact the Technology Department to obtain a password reset if they have reason to believe that any unauthorized person has learned their password. Users must take all necessary precautions to prevent unauthorized access to Internet services.

Failure to Comply

Violations of this policy will be treated like other allegations of wrongdoing at Tuba City Unified School District. Allegations of misconduct will be adjudicated according to established procedures. Sanctions for inappropriate use of the Internet may include, but are not limited to, one or more of the following:

1. Temporary or permanent revocation of access to some or all computing and networking resources and facilities.
2. Disciplinary action according to applicable Tuba City Unified School District policies.
3. Legal action according to applicable laws and contractual agreements.

Monitoring, Filtering and Internet Safety

Tuba City Unified School District's Technology Department may monitor any Internet activity occurring on Tuba City Unified School District's equipment or accounts. Tuba City Unified School District currently does employ filtering software (Barracuda Content Filter) to limit access to sites on the Internet. If Tuba City Unified School District discovers activities which do not comply with applicable law or departmental policy, records retrieved may be used to document the wrongful content in accordance with due process.

Tuba City Unified School District may log the use of all systems and monitor all system utilization. Accounts may be closed, and files may be deleted at any time. Tuba City Unified School District is not responsible for any service interruptions, changes, or consequences. Tuba City Unified School District reserves the right to establish rules and regulations as necessary for the efficient operation of the Internet Acceptable Use Policy. Tuba City Unified School District does not assume liability for any information lost, damaged, or unavailable due to technical or other difficulties.

As required by the Children's Internet Protection Act, Tuba City Unified School District shall provide for technology protection measures that protect against Internet access by both adults and minors to visual depictions that are obscene, child pornography, or with respect to use of the computers by students, harmful to students. The protective measures shall also include monitoring the online activities of students and staff.

Limits, controls, and prohibitions shall be placed on the student and staff:

- access to inappropriate matters and content.
- safety and security in direct electronic communications.
- unauthorized online access or activities.
- unauthorized disclosure, use and dissemination of personal information.

Education, Supervision and Monitoring

It shall be the responsibility of all District employees to be knowledgeable of the Board's policies and administrative guidelines and procedures. Further, it shall be the responsibility of all employees, to the extent prudent to an individual's assignment to educate, supervise, and monitor appropriate usage of the online computer network and access to the Internet in accordance with this policy, the Children's Internet Protection Act, and the Protecting Children in the 21st Century Act.

The Technology Department shall provide appropriate training for District employees and for the students who use the District's computer network and have access to the Internet. Training provided shall be designated to promote the District's commitment to:

- the standards and acceptable use of the District's network and Internet services as set forth in District policy.
- student safety in regard to use of the Internet, appropriate behavior while using, but not limited to, such things as social networking websites, online opportunities and chat rooms; and cyber-bullying awareness and response; and compliance with E-rate requirements of the Children's Internet Protection Act.

While training will be subsequently provided to employees under this policy, the requirements of the policy are effective immediately. Employees will be held to strict compliance with the requirements of the policy and the accompanying regulation, regardless of whether training has been given.

The Technology Director is responsible for the implementation of this policy and for establishing and enforcing the District's Internet Acceptable Use Policy guidelines and procedures for appropriate technology protection measures (filters), monitoring, and use.

Disclaimer

Tuba City Unified School District assumes no liability for any direct or indirect damages arising from the user's connection to the Internet. Tuba City Unified School District is not responsible for the accuracy of information found on the Internet and only facilitates the accessing and dissemination of information through its systems. Users are solely responsible for any material that they access and disseminate through the Internet.

We encourage you to use your Internet/User ID/Login access responsibly. Should you have any questions regarding this Internet Acceptable Use Policy, feel free to contact the Technology Department at techsupport@tcusd.org or the Technology Director.

Internet Acceptable Use Policy User Agreement

I hereby acknowledge that I have read and understand the Internet Acceptable Use Policy of Tuba City Unified School District. I agree to abide by these policies and ensure that persons working under my supervision and students abide by these policies. I understand that if I violate such rules, I may face legal or disciplinary action according to applicable law or departmental policy.

I hereby agree to indemnify and hold Tuba City Unified School District and its officers, trustees, employees, and agents harmless for any loss, damage, expense or liability resulting from any claim, action or demand arising out of or related to the user's use of Tuba City Unified School District owned computer resources and the network, including reasonable attorney fees. Such claims shall include, without limitation, those based on trademark or service mark infringement, trade name infringement, copyright infringement, unfair competition, defamation, unlawful.

Password Policy

Purpose

Passwords are an important component of information and network security. The use of a User ID/Login and password combination serves to identify and authenticate a user to system resources and information assets. It is only through authenticated access that the enterprise can be assured that systems and data are being used appropriately. As such, passwords must be constructed, used and protected appropriately to ensure that the level of security they imply is actually met.

The purpose of this policy is to provide the guidelines necessary for all of the employees of Tuba City Unified School District to create appropriate passwords and to use them and protect them in an appropriate manner.

Scope

This policy applies to all employees of Tuba City Unified School District who have any form of computer or application account that requires password access. Examples of accounts include:

- Workstation (desktop/laptop/tablet)
- Network
- E-mail system
- Accounting application (Infinite Visions Enterprise, Quickbooks, etc.)
- Customer information database (SchoolDude, RTA)

Please note: This list is not intended to be all-inclusive; it is simply provided for reference purposes.

Policy

General

1. Password construction, lifecycle and re-use parameters will be variable according to the classification of the system or data that they are intended to protect.
2. Passwords should not be based on well-known or easily accessible information, including personal information, nor should they be words commonly found within a standard dictionary.
3. Users will be notified one week in advance of password expiration. At that point, and at every subsequent login until a change is made, users will be prompted to select a new password.
4. Tuba City Unified School District will use technical measures to ensure that users conform to the policy.
5. All passwords must conform to the guidelines outlined below.

Password Construction Guidelines

1. Passwords used to access data classified as "Secret" or the systems that host this data (Servers, Routers, Firewalls, Switches) must be a minimum of ten (10) characters in length. Further, these passwords must use at least one character of the four-character types, those being lower case letters, upper case letters, numbers and special characters. Applies to Technology Dept.
2. Passwords used to access data classified as "Confidential" or the systems that host this data (Accounting Software eg: Infinite Visions Enterprise, Quickbooks) must be a minimum of eight (8) characters in length. Further, these passwords must use at least one character of three of the four-character types, those being lower case letters, upper case letters, numbers and special characters. Applies to District Office Users or Users with Access to Infinite Visions Enterprise.
3. Passwords used to access data classified as "Private" or the systems that host this data (Standard Workstations/Laptops and District Labs) must be a minimum of six (8) characters in length. Further, these passwords must use at least one character of two of the four-character types, those being lower case letters, upper case letters, numbers and special characters. Applies to Teachers, Students, Non-Specific Classified Employees and Guest Users.
4. Passwords are not needed to access data classified as "Public" or the systems that host this data, as long as these systems do not host data of a higher classification level and so no construction guidelines need to be set.

Password Lifecycle Guidelines

1. Passwords used to access data classified as "Secret" or the systems that host this data will have a maximum age of one (1) month and a minimum age of one (1) month. As such, passwords must be changed every month and cannot be changed more frequently. Where the application or system can only be specified to change on the basis of a variable number of days, maximum and minimum age will be set at thirty (30) days.
2. Passwords used to access data classified as "Confidential" or the systems that host this data will have a maximum age of three (3) months and a minimum age of two (2) weeks. As such, passwords must be changed every three (3) months and cannot be changed more frequently than every two (2) weeks. Where the application or system can only be specified to change on the basis of a variable

number of days, maximum age will be set at ninety (90) days and minimum age at fourteen (14) days.

3. Passwords used to access data classified as "Private" or the systems that host this data will have a maximum age of six (6) months and a minimum age of one (1) week. As such, passwords must be changed every six (6) months and cannot be changed more frequently than everyone (1) week. Where the application or system can only be specified to change on the basis of a variable number of days, maximum age will be set at one hundred and eighty (180) days and minimum age at seven (7) days. For Students there is set standard for passwords and all student user ID/logins have restricted access.
4. Passwords are not needed to access data classified as "Public" or the systems that host this data, as long as these systems do not host data of a higher classification level and so no lifecycle guidelines need to be set.

Password Reuse Guidelines

1. Passwords used to access data classified as "Secret" or the systems that host this data may never be reused once they have expired. As such a completely new password is required at each expiry. "Completely new" is defined as having at least fifty percent (50%) of the characters different from the previous password.
2. Passwords used to access data classified as "Confidential" or the systems that host this data may be reused every sixth password. As such a completely new password is required for the first five expiries; thereafter the first password can be reused. "Completely new" is defined as having at least fifty percent (50%) of the characters different from the previous password.
3. Passwords used to access data classified as "Private" or the systems that host this data may be reused every third password. As such a completely new password is required for the first two expiries; thereafter the first password can be reused. "Completely new" is defined as having at least fifty percent (50%) of the characters different from the previous password.
4. Passwords are not needed to access data classified as "Public" or the systems that host this data, as long as these systems do not host data of a higher classification level and so no reuse guidelines need to be set.

Password Protection Guidelines

1. Passwords are to be treated as confidential information. Under no circumstances is an employee to give, tell, or hint at their password to another person, including IT staff, administrators, superiors, other co-workers, friends, and family members.
2. Under no circumstances will any member of the organization request a password without the request coming from both a representative of the IT department and the user's direct manager. Should a request be made that does not conform to this standard, immediately inform both the IT department and your direct manager.
3. Passwords are not to be transmitted electronically over the unprotected Internet, such as via e-mail. However, passwords may be used to gain remote access to company resources via the company's Virtual Private Network or SSL-protected Web site.
4. No employee is to keep an unsecured written record of his or her passwords, either on paper or in an electronic file. If it proves necessary to keep a record of a password, then it must be kept in a controlled access safe if in hardcopy form or in an encrypted file if in electronic form.

5. Do not use the "Remember Password" feature of applications.
6. Passwords used to gain access to company systems are not to be used as passwords to access non-company accounts or information. Similarly, passwords used to access personal, non-work related accounts are not to be used to access company accounts.
7. Each application, system and data point should be protected by a different password where possible. The use of the same password to protect all access is strongly discouraged.
8. If an employee either knows or suspects that his/her password has been compromised, it must be reported to the IT Department and the password changed immediately. If the minimum aging requirement has not been met for the password, the IT department will reset the minimum aging for the account allowing the user to create a new password.
9. The IT Department may attempt to crack or guess users' passwords as part of its ongoing security vulnerability auditing process. If a password is cracked or guessed during one of these audits, the user will be required to change his or her password immediately.

Enforcement

Any employee who is found to have violated this policy may be subject to disciplinary action.

(RETURN THIS PAGE TO TECHNOLOGY DEPARTMENT)

Password Policy User Agreement

I hereby agree to the terms and conditions of Tuba City Unified School District's Password Policy

Employee/Student Name (print)

Employee Signature/Student _____ Date

HR USE ONLY: