



PAULDEN COMMUNITY SCHOOL
24850 Naples Street
PO Box 940
Paulden, Arizona 86334
Phone (928) 636-1430 / Fax (928) 636-3087

SY 2017/18

PLEASE CHECK THE GRADE LEVEL FOR WHICH YOU ARE APPLYING:
☐ KG ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08

STUDENT ENROLLMENT APPLICATION

STUDENT INFORMATION	STUDENT'S LAST NAME:	FIRST NAME:	MIDDLE NAME:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	PHYSICAL ADDRESS:		CITY:	STATE:	ZIP CODE:
	MAILING ADDRESS IF DIFFERENT FROM ABOVE:		CITY:	STATE:	ZIP CODE:
	STUDENT'S BIRTHDATE:	BIRTHPLACE (CITY & STATE):	ARE THERE ANY CUSTODY ISSUES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES – PROVIDE COURT DOCUMENTS TO OFFICE		PHONE (REQUIRED): <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
	NAME OF LAST SCHOOL ATTENDED:	ADDRESS OF LAST SCHOOL ATTENDED:			
	NOTE: THIS INFORMATION IS REQUIRED BY THE U.S. DEPARTMENT OF EDUCATION				
ETHNICITY: (CHECK ONLY ONE) <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO		RACE: (CHECK ONE OR MORE, REGARDLESS OF ETHNICITY) <input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE			
HAS THE STUDENT EVER RECEIVED SPECIAL EDUCATION SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS THERE A CURRENT IEP FOR THIS STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS THIS STUDENT RECEIVED ANY OF THE FOLLOWING SERVICES? <input type="checkbox"/> ELL/ELD <input type="checkbox"/> GIFTED/ELP <input type="checkbox"/> 504 PLAN	

PARENT/GUARDIAN INFORMATION	CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	RELATIONSHIP TO STUDENT: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
		NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
		ADDRESS: <input type="checkbox"/> SAME AS STUDENT		PREFERRED EMAIL ADDRESS
	CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	RELATIONSHIP TO STUDENT: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
		NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
		ADDRESS: <input type="checkbox"/> SAME AS STUDENT		PREFERRED EMAIL ADDRESS
	CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	RELATIONSHIP TO STUDENT: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
		NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
		ADDRESS: <input type="checkbox"/> SAME AS STUDENT		PREFERRED EMAIL ADDRESS

EMERGENCY	LOCAL FRIEND OR RELATIVE (CONTACT 1ST)	RELATIONSHIP TO STUDENT	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
	LOCAL FRIEND OR RELATIVE (CONTACT 2ND)	RELATIONSHIP TO STUDENT	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
	LOCAL FRIEND OR RELATIVE (CONTACT 3RD)	RELATIONSHIP TO STUDENT	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
	PHYSICIAN:		PHONE:	HOSPITAL PREFERENCE:

I affirm all enrollment and emergency information on this form is accurate and I have read and understand the information provided to me regarding student health conditions, Opt-Out options, and attendance (see page 2).

I (the parent/guardian) affirm that I am an Arizona resident: ☐ YES ☐ NO

Signature
Parent/Guardian

Date

OFFICE USE ONLY	ENROLLMENT DATE:	ENROLLMENT CODE:	DATE ENTERED IN SIS:	INITIALS
	RECORDS REQUEST SENT TO:	DATE 1ST REQUEST SENT	DATE 2ND REQUEST SENT	DATE 3RD REQUEST SENT

HEALTH CONDITIONS	STUDENT HEALTH CONDITIONS: (CHECK ALL THAT APPLY) <input type="checkbox"/> HEART <input type="checkbox"/> ASTHMA <input type="checkbox"/> DIABETES <input type="checkbox"/> HEARING <input type="checkbox"/> ALLERGIES	<ul style="list-style-type: none"> I understand Paulden Community School does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school. I understand I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury. I understand if my child needs medication or other health services at school, I must make arrangements with the school's office. I understand it is my responsibility to notify the school in writing of any changes to the above information. I understand it is my responsibility to notify the school if my child needs to leave school during the day for appointments or other circumstances.
	SPECIFY HEALTH PROBLEMS OR ANY SEVERE ALLERGIES:	
	IS YOUR CHILD ON DAILY MEDICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE SPECIFY:	
	DO YOU AUTHORIZE THE OFFICE TO GIVE YOUR CHILD ACETAMINOPHEN (NON-ASPIRIN SUBSTITUTE)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	LIST ANY RECENT SURGERIES, ACCIDENTS OR SERIOUS ILLNESSES (PAST YEAR):	

DISCIPLINE	Has this student ever been suspended from school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
	Has this student ever been expelled from school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
	Has either action ever been recommended for this student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
	Length of suspension/expulsion:	<input type="checkbox"/> 1-5 days	<input type="checkbox"/> 6-10 days	<input type="checkbox"/> More than 10 days
	Reason for suspension/expulsion:			
	Has this student ever attended school at a correctional facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:

TRANSPORTATION			
Transportation to and from school will be:	<input type="checkbox"/> Bus	<input type="checkbox"/> Walking	<input type="checkbox"/> Parent will transport
If you are requesting transportation by bus, list the two major cross roads closest to your home:			

STUDENT HANDBOOKS AND BEHAVIOR GUIDELINES	
<p>During the first week of school, your child will be given classroom rules, a student handbook including student behavior expectations to bring home and share with you. If you do not receive this from your child within the first two weeks of school, or if you need more information, please contact the school office.</p>	
OPT OUT OPTIONS	
STUDENT INTERNET ACCESS Paulden Community School provides students Internet access to support academic activities. Teachers provide guidance and direction on the appropriate use of the Internet. In accordance with the federal Child Internet Protection Act (CIPA), the school uses filters to block access to Web content that is inappropriate. Home filtering and monitoring is the responsibility of the parent/guardian.	The school will not disclose directory information unless the school will use the information in a publication or a third party has requested the information for a reason that, in the judgment of the school, serves the student's best interests. For example, the school will comply with directory information requests from another school in which a student seeks to enroll, universities and colleges, law enforcement and Child Protective Services. The school will provide directory information for commercial purposes only if beneficial to students, such as yearbook or class ring sales.
SCHOOL AND NEWS MEDIA COVERAGE Your child may be interviewed, photographed, or audio- or video recorded by the news media or school staff for print, radio, television, Internet content or other medium.	HOW TO OPT OUT <ul style="list-style-type: none"> You may opt out of school and news media coverage or directory information releases by completing an Opt Out form and submitting it to the school office within the first two weeks of school or enrollment, whichever is later. You may opt out of student Internet access by completing an Opt Out form and submitting it to the school office anytime during the school year. This form must be resubmitted at the beginning of each school year. <p>The Opt Out form is available in the school office. Please also share your opt out selections with your child's teacher.</p>
DIRECTORY INFORMATION The school may disclose information that is generally not considered harmful or an invasion of privacy if the primary purpose is to allow the school to include this type of information in certain school publications, such as yearbooks, newsletters, playbills or honor rolls. Directory information includes the student's name, address, email address and telephone number; the parent's names, addresses and telephone numbers; the student's photograph; date and place of birth; class/grade level; enrollment dates; weight and height if the student is a member of an athletic team; awards received; and extracurricular participation.	

ATTENDANCE	
We count on parents to ensure that children attend school and arrive on time.	TARDINESS Students are tardy if they are not seated when the bell signals the start of class.
ABSENCES State law requires that parents contact the school to authorize absences before or during their children's absence. If we don't hear from parents, we will do our best to call them within two hours after the first missed class. Let us know right away if you change phone numbers. Parents should provide notes from doctors and dentists to excuse children for appointments, illnesses or injuries. If parents do not authorize absences within one day after their children return to school, absences are unexcused.	
Parents who anticipate extended absences should contact the school. If they do not, children are withdrawn from school after missing 10 days in a row.	
TRUANCY Attendance officers may talk to parents about legal consequences of truancy. If students are habitually truant or excessively absent, parents and students may be cited and referred to the court. Students are habitually truant if they have five or more unexcused absences. They are excessively absent if they have 18 or more excused or unexcused absences.	

PRIMARY HOME LANGUAGE OTHER THAN ENGLISH (PHLOTE) SURVEY

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1),(2)(a-c). Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student?

2. What is the language most often spoken by the student?

3. What is the language that the student first acquired?

Signature
Parent/Guardian

Date

McKINNEY-VENTO ELIGIBILITY QUESTIONNAIRE

This questionnaire is intended to address the McKinney-Vento Act, 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

SCHOOL NAME:

Paulden Community School

STUDENT'S DATE OF BIRTH:

STUDENT'S CURRENT AGE:

1. Is your current address a temporary living arrangement?

☐ Yes

☐ No

2. Is this temporary living arrangement due to loss of housing or economic hardship?

☐ Yes

☐ No

If you answered YES to the above questions, please complete the remainder of this section. If you answered NO, you may stop here.

Where is the student presently living? (check one)

☐ In a motel/hotel

☐ In a shelter

☐ With more than one family in a house or apartment

☐ Moving from place to place

☐ In a place not designated for ordinary sleeping accommodations (example: car, park, or campsite)

NAME OF PARENT(S) OR LEGAL GUARDIANS:

PHONE NUMBER:

ADDRESS

CITY

STATE

ZIP CODE

Signature
Parent/Guardian

Date

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKINNEY-VENTO LIAISON SIGNATURE:

DATE:

LEGAL CUSTODY AND STUDENT RELEASE INFORMATION

Is there anyone TO whom the child should not be legally released?

☐ Yes

☐ No

If you answered yes to the item above, please provide a copy of legal documentation.

Signature
Parent/Guardian

Date

STUDENT MEDICAL & ALLERGY INFORMATION

Please indicate in the space below any current allergy or medical problems which may affect the treatment of our child.
If a question does not apply, please fill in the space with "N/A" or "Not Applicable".

LIST ANY CURRENT MEDICAL PROBLEMS:

LIST MEDICATIONS CURRENTLY BEING TAKEN EITHER AT HOME AND/OR SCHOOL:

LIST ALLERGIES TO ANY MEDICATIONS:

LIST ANY FOOD OR OTHER ALLERGIES:

LIST ANY RECENT HOSPITALIZATIONS, ACCIDENT AND/OR SURGERIES:

HAS YOUR CHILD HAD ANY OF THE FOLLOWING? PLEASE CHECK (✓) YES OR NO. IF YOU ANSWER "YES" – PLEASE INDICATE AT WHAT AGE.

Asthma:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____	Frequent Sore Throat:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____
ADD/ADHD:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____	Heart Condition:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____
Anemia:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____	Kidney Disease:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____
Chest Problems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____	Orthopedic Problems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____
Convulsions:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____	Rheumatic Fever:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____
Chicken Pox:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____	Scarlet Fever:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____
Diabetes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____	Tuberculosis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____
Ear Infections:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____	Urinary Disease:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____
Ear Tubes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____	Valley Fever:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____
Hearing Problems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____	Vision Problems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____
Speech Problems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____	Glasses/Contacts:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____
Hearing Aids:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____	Past Head Trauma:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____
Emotional Problems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____	Motor Skill Problems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Age: _____

ADDITIONAL CONCERNS OR EXPLANATIONS?

Are there any restrictions for your child in physical education or other physical activities? ☐ Yes ☐ No

If you answered YES to the previous item, why and what are the restrictions?

Signature
Parent/Guardian _____

Date _____

MEDICATION REMINDERS

1. All medicine needs to be brought to the office by a parent/guardian – **Not by the student.**
2. **Prescription medications** – required permission by the parent/guardian and by their physician. Forms for physician completion may be obtained in the school's office. Medication needs to be in the original container from the pharmacy that provides physician's instructions.
3. **Over the counter medications** – Medication must be supplied by the parent/guardian in the original, unopened container with packaging. The medication will be administered after the proper form is completed giving written permission. If the medication is needed for more than three consecutive days, a doctor's permission form is required.

ARS §15-344

Medication may never be carried by the student except for asthma inhalers or epi-pens with written instructions from the physician and parent. Doctor permission and student contract forms are available in the school's office.

Signature
Parent/Guardian _____

Date _____

Arizona Residency Documentation Form



State of Arizona
Department of Education
Arizona Residency Documentation Form

Student's Name:

Name of School:

Paulden Community School

Name of District or Charter Holder:

Research Based Education Corporation dba Paulden Community School

Name of Parent or 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 **(check one and submit a copy of the document with this signed form)**:

- ☐ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ☐ Real estate deed or mortgage documents
- ☐ Property tax bill
- ☐ Residential lease or rental agreement
- ☐ Water, electric, gas, cable or phone bill
- ☐ Bank or credit card statement
- ☐ W-2 wage statement
- ☐ Payroll stub
- ☐ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains and Arizona address
- ☐ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- ☐ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature

Parent/Guardian

Date



PAULDEN COMMUNITY SCHOOL
24850 Naples Street
PO Box 940
Paulden, Arizona 86334
Phone (928) 636-1430 / Fax (928) 636-3087

REQUEST FOR STUDENT RECORDS

STUDENT INFORMATION

DATE OF REQUEST:	STUDENT'S NAME:	
STUDENT'S DATE OF BIRTH:	STUDENT'S CURRENT AGE:	STUDENT'S CURRENT GRADE LEVEL:

SCHOOL INFORMATION

NAME OF PREVIOUS SCHOOL:			
SCHOOL'S ADDRESS:	CITY:	STATE:	ZIP CODE:
SCHOOL'S PHONE NUMBER:	SCHOOL'S FAX NUMBER:		

PLEASE SEND THE FOLLOWING INFORMATION:

- ☒ Official student withdrawal form
- ☒ Basic identifying attendance and academic data
- ☒ General administrative data (AzMERIT, AIMS, SAT10, Terra Nova, etc.)
- ☒ Health/Medical and current immunization records
- ☒ Most current academic records
- ☒ All special education records
- ☐ Other

PLEASE RELEASE RECORDS TO:

PAULDEN COMMUNITY SCHOOL
PO BOX 940
PAULDEN, ARIZONA 86334

PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

In accordance with the Family Education Rights and Privacy Act of 1974, I hereby authorize the release to the above named school any and all of the items regarding the student names above.

Signature
Parent/Guardian _____ *Date* _____

ESEA GUIDELINES TO DETERMINE ELIGIBLE STUDENTS

The Arizona Department of Education provides the following FY 2017 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act, ESEA.

Is your family at or below the current income guidelines based on the ESEA Eligibility Guideline schedule below?

☐ **Yes, using Indicator 1 (R)**

☐ **Yes, using Indicator 2 (F)**

☐ **Not Eligible**

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, workers compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

Child's Name (only children ages 5-17 inclusive)	Name of School	Grade

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

Parent/Guardian's Signature: _____ Date: _____

*NOTE: These survey forms should be retained by the school or district and kept on file for a period of 5 years.
ADE Revised June 1, 2011*

ESEA Eligibility Guidelines (July 1, 2016 to June 30, 2017)

House-Hold Size	Indicator 1 (Reduced Lunch Qualified)					Indicator 2 (Free Lunch Qualified)				
	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	\$21,978	\$1,832	\$916	\$846	\$423	\$15,44	\$1,287	\$644	\$594	\$297
2	\$29,637	\$2,470	\$1,235	\$1,140	\$570	\$20,826	\$1,736	\$868	\$801	\$401
3	\$37,296	\$3,108	\$1,554	\$1,435	\$718	\$26,208	\$2,184	\$1,092	\$1,008	\$504
4	\$44,955	\$3,747	\$1,874	\$1,730	\$865	\$31,590	\$2,633	\$1,317	\$1,215	\$608
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012	\$36,972	\$3,081	\$1,541	\$1,422	\$711
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160	\$42,354	\$3,530	\$1,765	\$1,629	\$815
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307	\$47,749	\$3,980	\$1,990	\$1,837	\$919
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455	\$53,157	\$4,430	\$2,215	\$2,045	\$1,023
For Each Additional Household Member Add	+\$7,696	+\$642	+\$321	+\$296	+\$148	+\$5,408	+\$451	+\$226	+\$208	+\$104

TRANSPORTATION & BUS SAFETY

We appreciate parents' support of all Paulden Community School staff members, including our bus drivers. These employees are responsible for the care and safety of your children on our roads and highways, and must have the respect and cooperation of students and parents alike. All students are expected to follow all bus safety rules anytime they are passengers on a Paulden Community School Bus in order to assure the safety of all. Transportation concerns may be addressed by calling (928) 636-1430.

If your child is in Kindergarten, please be at the designated bus stop to pick up your child. If you are not present, your child will not be let off the bus and will be returned to the school at the end of the bus route. It will then become your responsibility to pick up your child from the school.

General Bus Rules:

1. Riding the bus is a privilege; Paulden Community School is not required to provide bus services for students.
2. Be on time to catch your bus at your designated stop.
3. Remain seated at all times when the bus is in motion; wait until the bus comes to a complete stop and the door is opened before exiting the bus.
4. Keep all hands, feet, and objects inside the bus at all times.
5. Keep aisles clear of objects.
6. Use emergency equipment for emergencies only.
7. There is to be no use of profanity, obscene gestures, fighting, bullying, scuffling, disruptive noisemaking, or boisterous conduct on the bus.
8. There is to be no eating or chewing of gum on the school bus.
9. Students may not deny any other student the right to sit in any seat.
10. If a child must cross the road, he or she is to walk to the point about ten (10) steps in front of the bus, but is not to cross until the bus driver has signaled to cross. The child will walk quickly across the road, but will not run, watching to the left and right for oncoming cars.
11. Students may not cross behind the bus.
12. Bus drivers and school administrators may assign seats to students. If assigned a seat, the student must sit in his or her assigned seat.

Parents: Please review the bus rules with your child to ensure that we all have a safe school year.

STUDENT'S PRINTED NAME:

STUDENT'S GRADE LEVEL:

STUDENT ACKNOWLEDGEMENT OF BUS SAFETY RULES

*Signature
of Student*

Date _____

PARENT/GUARDIAN ACKNOWLEDGEMENT OF BUS SAFETY RULES

*Signature
Parent/Guardian*

Date _____