

HACKBERRY ELEMENTARY SCHOOL DISTRICT No.3  
 CEDAR HILLS SCHOOL - 9501 Nellie Drive, Kingman AZ 86401  
 ENROLLMENT FORM **SY 2014-15**

<i>Office Use only</i>		<i>SAIS Data Entry/Audit</i>
Student ID _____	Entry Code _____	Entered By _____
SAIS # _____	Entry Date _____	Date Entered _____
BC _____ BR _____		
Health Record _____	Grade _____	
	Teacher _____	

Student **will not** be admitted until proof of immunization has been submitted. Per A.R.S. 15/872, student must provide proof of immunization signed by a physician or health clinic, or parent/guardian may sign exemption immunization form.

**A State Certified Birth Certificate must be provided within 30 days**

Student Legal Name as show on Birth Certificate \_\_\_\_\_  
Last Name First Middle

Goes by \_\_\_\_\_  
Last Name First Middle

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age as of September 1 \_\_\_\_\_  
 Sex M / F Home Phone Number \_\_\_\_\_ Place of Birth \_\_\_\_\_

***New Federally Mandated Ethnicity/Race Designations \*Both Questions must be answered***

1. Hispanic/Latino – Circle one or the other Yes No
2. Select one or more White \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_  
 American Indian/Alaskan Native \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_

**Home Language:**

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? \_\_\_\_\_

School last attended \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

School address \_\_\_\_\_

School Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Has student ever been retained? \_\_\_\_\_ Grade \_\_\_\_\_

Has student ever been in Special Education, Remedial Class and/or Title I? Yes \_\_\_\_\_ No \_\_\_\_\_

Student Name: \_\_\_\_\_

**Parent/Guardian Information**

**SY 2014-15**

Father/Stepfather/Guardian: Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Stepmother/Guardian: Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Student's Siblings**

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Are there any Custody Restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*\*\*If yes, do you have legal documents on file with the school? Yes \_\_\_\_\_ No \_\_\_\_\_

**I certify that all of the enrollment information is correct.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Only the following listed people will have my permission to pick up my child/children:**

NAME & Relationship to child	PHONE NUMBER
------------------------------	--------------

_____	_____
_____	_____
_____	_____
_____	_____

**DUE TO THE SAFETY OF YOUR CHILD, TELEPHONE CALLS AUTHORIZING A PICK-UP BY SOMEONE NOT ON THE LIST WILL NOT BE ACCEPTED.**

STUDENT EMERGENCY INFORMATION FORM

SY 2014-15

STUDENT'S NAME: \_\_\_\_\_

PHYSICAL (Street) ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN NAME(S):

\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

WORK PHONE NUMBER(S): \_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACTS:

Person(s) we can contact in case of emergency (ex: Child getting injured or sick, school having to close early, etc.) in the event we cannot make contact with you. This must be a person willing to be responsible for your child.

**NAME:**

**PHONE NUMBER:**

**Relationship:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hackberry Elementary School District No.3  
Cedar Hills School  
DESIGNATION OF DIRECTORY INFORMATION **SY 2014-15**

Parents and students the following rights under the Family Educational Rights and Privacy Act [34 C.F.R. 99.6 (a) (I)].

- The right to inspect and review the student’s education record.
- The right to exercise a limited control over other people’s access to the student’s education record.
- The right to seek to correct the student’s education record, in hearing if necessary.
- The right to report violation of the FERPA to the U.S. Department of Education.
- The right to be informed about FERPA rights.

During the school year, District staff members may compile no 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 the official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing not to release the student’s information without your prior written consent. *If you do not opt out of releasing of any and all of the below-designated information, then the District must provide the military recruiters, upon request, directory information containing the student’s names and addresses and telephone listing’s*

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 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 school office, 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/daughters designated director information.*

---

I DO NOT WANT ANY OR ALL OF THE INFORMATION I HAVE  BELOW CONCERNING  
(STUDENT’S NAME) \_\_\_\_\_ DESIGNATED AS DIRECTORY INFORMATION  
AND RELEASED TO ANY PERSON OR ORGANIZATION WITHOUT MY PRIOR CONSENT.

- |  |   |
|--|---|
| <input type="checkbox"/> Name                    | <input type="checkbox"/> Major Field of Study   |
| <input type="checkbox"/> Address                 | <input type="checkbox"/> Enrollment status (e.g., part time full time)                |
| <input type="checkbox"/> Telephone listing       | <input type="checkbox"/> Participation in officially recognized activities and sports |
| <input type="checkbox"/> Electronic mail address | <input type="checkbox"/> Most recent educational agency attended.                     |
| <input type="checkbox"/> Date and place of birth | <input type="checkbox"/> Weight/Height of Athletes                                    |
| <input type="checkbox"/> Photograph              | <input type="checkbox"/> Dates of attendance  |
| <input type="checkbox"/> Grade Level             | <input type="checkbox"/> Honors and awards received                                   |

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

HACKBERRY ELEMENTARY SCHOOL DISTRICT No. 3  
CEDAR HILLS SCHOOL - 9501 NELLIE DRIVE  
KINGMAN, AZ 86401

## STUDENT MEDIA RELEASE

*SY 2014-15*

DURING THE COURSE OF THE SCHOOL YEAR, YOUR CHILD MAY BE INVOLVED IN VARIOUS SCHOOL ACTIVITIES. SOME OF THESE ACTIVITIES COULD ENTAIL MEDIA COVERAGE, SUCH AS LOCAL NEWSPAPER STORIES, RADIO OR TV BROADCASTS. IT IS SCHOOL PROCEDURE THAT WRITTEN PERMISSION IS GIVEN FOR YOUR CHILD TO BE PHOTOGRAPHED OR INTERVIEWED BY THE NEWS MEDIA. THE NEWS MEDIA WILL BE GIVEN ONLY THE CHILD'S NAME.

PLEASE SIGN AND RETURN PERMISSION SLIP BELOW.  
THANK YOU FOR YOUR COOPERATION.

---

I GIVE \_\_\_\_\_, **DO NOT GIVE** \_\_\_\_\_ MY PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED OR INTERVIEWED BY THE NEWS MEDIA. (*Please "X" one of the lines*)

STUDENT'S NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

HACKBERRY ELEMENTARY SCHOOL DISTRICT No. 3  
CEDAR HILLS SCHOOL - 9501 NELLIE DRIVE  
KINGMAN, AZ 86401

Acceptable Use Policy

*SY 2014-15*

The following policy covers the use of electronic communication networks and computer-based administrative applications of the Hackberry Elementary School District No. 3 (HESD#3). This policy applies to all personnel using these intranet, extranet, internet and administrative resources.

Administrative applications may require the collection, storage and transmission of sensitive, confidential, private or proprietary information. Such information must be properly safeguarded at all times, and procedures to ensure its security must be adhered to. Such information should be accessible only to properly authorized personnel and confidential or sensitive information must be securely encrypted during transmission over electronic communication networks.

Use of HESD#3 electronic communication networks and computer-based administrative applications is limited exclusively to business related to HESD#3. Use for other purposes is not acceptable.

It is not acceptable to use HESD#3 intranet, extranet, internet and administrative resources for any purposes which violate U.S. or state laws. It is not acceptable to use these resources so as to interfere with or disrupt network users, services or equipment. Users agree to waive any claim and release HESD#3, its employees, and agents, from any claim, demand, liability, cause of action, or suit for damages arising out of use of HESD#3 resources, including but not limited to any loss of stored data. Users understand and agree that each time they access HESD#3 resources, they are bound by the terms of this agreement along with any changes or additions to this agreement and the terms of all HESD#3 policies that are in effect at the time they access the system.

Use of HESD#3 resources constitutes acceptance by the user of the terms of this agreement.

**Ownership of Internet-Related Systems**

HESD#3 Internet-related administrative application systems are the property of the Hackberry Elementary School District No. 3. They are to be used for business purposes in serving the interests of the HESD#3 and its clients and in the course of normal operations.

**Monitoring**

HESD#3 reserves the right to monitor all usage to ensure proper working order, appropriate use, the security of data, and to retrieve the contents of any user communication in these systems.

To promote the efficient use and to avoid misuse to Internet-related systems, a copy of this policy statement will be distributed to and must be accepted by all users. Users are required to familiarize themselves with the contents of this statement.

HESD #3 is responsible for protecting users and the system from abuses of this policy. Pursuant to this duty, the system administrator(s) may take any of the following actions reasonably appropriate to the nature of the offense:

1. Temporary reduction or suspension of computer system privileges.
2. Referral to the offending user's supervisor.
3. Permanent access revocation.
4. For misuse amounting to criminal behavior, referral to appropriate law enforcement agencies.

The HESD#3 as necessary may review sanctions. Alleged violations will be reviewed on a case by case basis.

- I have read, and consent to the Hackberry Acceptable Use Policy.
- I have read, and **DO NOT** consent to the Hackberry Acceptable Use Policy

STUDENT'S NAME: \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
Date

HACKBERRY ELEMENTARY SCHOOL DISTRICT #3  
CEDAR HILLS SCHOOL - 9501 Nellie Drive, Kingman, AZ 86401

CONTINUING CONSENT TO TREATMENT **SY 2014-2015**

FOR THE SCHOOL

If an incident should occur while the minor is involved in an extracurricular or inter-school activity, or on a field trip or during school hours, under the jurisdiction of the school, we do hereby give consent for the Hackberry School District Personnel in charge to exercise the best judgment in seeking medical or surgical diagnosis or treatment and hospital service from the physician and hospital named below or under the general or special instructions of any physician or surgeon licensed under the provision of the medical staff of a licensed hospital, whether rendered at the office of said physician or at a licensed hospital for said minor.

FOR THE HOSPITAL AND PHYSICIAN

We, the undersigned, parent or legal guardian of \_\_\_\_\_ (Minor), do hereby consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service, with the exception of \_\_\_\_\_ may be rendered to the said minor under the general or special instruction of \_\_\_\_\_ or any M.D., whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital.

It is understood that this consent is given in advanced to any specific diagnosis or treatment being required, but it is to encourage School Personnel of Cedar Hills School (Persons into whose custody minor is entrusted) and the said physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

Every effort will be made to contact the parent or legal guardian before any procedures are initiated except in life threatening situations.

This consent shall remain effective while this minor is enrolled in a Hackberry Elementary School District No.3, Cedar Hills School during the 2013-2014 school year, unless revoked in writing and delivered to the said physician or said person(s) entrusted with the custody of said minor. We assume full financial responsibility for the medical care administered.

PLEASE PRINT

FATHER \_\_\_\_\_ phone ( ) \_\_\_\_\_

MOTHER \_\_\_\_\_ phone ( ) \_\_\_\_\_

LEGAL GUARDIAN \_\_\_\_\_ phone ( ) \_\_\_\_\_

DATE \_\_\_\_\_

**School Insurance:** N/A      **Name of family Insurance:** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Present Medication** \_\_\_\_\_

**Religion** \_\_\_\_\_      **Last Tetanus Shot** \_\_\_\_\_