



YOUNG SCHOOL DISTRICT #5
P.O. BOX 390 – 46878 Highway 288, Young, AZ 85554
Phone: (928)462-3244 Fax: (928)462-3283

STUDENT REGISTRATION FORM

(Office will enter) Date Entered in Database _____

Student Entry Date _____ SAIS # _____

STUDENT INFORMATION

Student Name _____ Date _____

Mailing Address _____ City _____ State _____

Physical Address _____ City _____ State _____

Home Phone _____ Cell Phone _____

Email Address _____

DOB _____ CITY/STATE _____

PARENT CONTACT INFORMATION

Father's Name _____ Occupation _____

Mailing Address _____ City _____ State _____

Physical Address _____ City _____ State _____

Home Phone _____ Cell Phone _____

Email Address _____

Mother's Name _____ Occupation _____

Mailing Address _____ City _____ State _____

Physical Address _____ City _____ State _____

Home Phone _____ Cell Phone _____

Email Address _____

LAST SCHOOL ATTENDED

Name _____

Mailing Address _____ City _____ State _____

Last Date Attended _____ Last Grade Attended _____

IN CASE OF EMERGENCY, CALL:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Email Address _____

Mailing Address _____ City _____ State _____

Physical Address _____ City _____ State _____

PRIMARY HOME LANGUAGE OTHER THAN ENGLISH – HOME LANGUAGE SURVEY

What is the primary language of the student? _____

Parent/Guardian Signature _____ Date _____

STUDENT EMERGENCY MEDICAL REFERRAL

Please complete ONE box for each child enrolled and all information on REVERSE side.

Student's LAST name	First name	Birth date	Grade
1. Specify health problems/allergies _____			
2. Is your child on daily medication? Yes _____ No _____ Specify _____			
3. Recent surgery, accident or illness (past year) _____			
In case of minor accident or illness, I give permission for my child to receive the following medications WHICH I HAVE CIRCLED: Tylenol (acetaminophen) Advil (Ibuprofen) Cough Drop Tums Antibiotic ointment Anti-itch ointment Benadryl Eye wash			
I, the undersigned parent/guardian, hereby give my consent for the above named child to be released to the friend/relative I have designated on the reverse side of this form and/or to be taken by emergency medical responder to the nearest hospital in case of emergency.			
SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____			

Student's LAST name	First name	Birth date	Grade
1. Specify health problems/allergies _____			
2. Is your child on daily medication? Yes _____ No _____ Specify _____			
3. Recent surgery, accident or illness (past year) _____			
In case of minor accident or illness, I give permission for my child to receive the following medications WHICH I HAVE CIRCLED: Tylenol (acetaminophen) Advil (Ibuprofen) Cough Drop Tums Antibiotic ointment Anti-itch ointment Benadryl Eye wash			
I, the undersigned parent/guardian, hereby give my consent for the above named child to be released to the friend/relative I have designated on the reverse side of this form and/or to be taken to the nearest hospital in case of emergency.			
SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____			

Student's LAST name	First name	Birth date	Grade
1. Specify health problems/allergies _____			
2. Is your child on daily medication? Yes _____ No _____ Specify _____			
3. Recent surgery, accident or illness (past year) _____			
In case of minor accident or illness, I give permission for my child to receive the following medications WHICH I HAVE CIRCLED: Tylenol (acetaminophen) Advil (Ibuprofen) Cough Drop Tums Antibiotic ointment Anti-itch ointment Benadryl Eye wash			
I, the undersigned parent/guardian, hereby give my consent for the above named child to be released to the friend/relative I have designated on the reverse side of this form and/or to be taken to the nearest hospital in case of emergency.			
SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____			

FIRST PERSON TO CALL (Must be a parent or guardian with whom the student resides)

Mother's last name / Mother's first name Home phone Cell phone Work phone

Father's last name / Father's first name Home phone Cell phone Work phone

Student's Home Address / Mailing Address

Main Contact Email Address: _____

EMERGENCY CONTACTS - Friend or relative (When parent cannot be reached)

1 _____
Last name / First name Relationship to student Phone

2 _____
Last name / First name Relationship to student Phone

#3 _____
Last name / First name Relationship to student Phone

#4 _____
Last name / First name Relationship to student Phone

LOCAL DOCTOR _____ PHONE _____

IS THIS INFORMATION RESTRICTED BY COURT ORDER? YES ☐ NO ☐

(Legal documentation must be provided with this form if YES is checked)

If yes, from whom? _____

SIGNATURE _____ DATE _____

Additional Comments



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The U.S. Department of Education (ED) has revised the way state and local education agencies (LEA) are mandated to collect and report data on race and ethnicity. States are now required to report data to the federal government using the new standards. **A two-part question---both parts of which must be answered---is mandated.** The order of the questions is important: Part A must be asked first, then Part B.

FULL NAME OF STUDENT: _____

PART A: Is this student Hispanic/Latino? (Circle only one)

NO, not Hispanic/Latino

YES, Hispanic/Latino (A person who is Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by circling one or more to indicate what you consider your student's race to be.

PART B: What is the student's race? (Circle one or more)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America {including Central America} and who maintains tribal affiliation.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

For more information, visit the Arizona Department of Education's website at www.ade.az.gov and click on "Federal Race/Ethnicity Reporting" under Hot Topics.



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 01-2020)



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New Disclosure of Special Education Services

Please complete this form so that we may be more prepared to meet your child's educational needs.

Student Name _____ Grade _____

☐ **YES**

My child has an IEP and receives special education for:

- ☐ Speech and Language
- ☐ Specific Learning Disabilities Resource
- ☐ Other _____

IEP Date _____

School/District where records are located:

Contact Person _____

Signature _____
(Parent/Guardian)

☐ **NO**

My child does **not** have an IEP and does **not** receive special education services.

Signature _____
(Parent/Guardian)



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Authorization for Release / Request of Student Records

In accordance with the Family Education Rights and Privacy Act of 1974 and Arizona State Law, I hereby authorize the release of student information to:

Young School District #5
P.O. Box 390 - 46878 Highway 288
Young, AZ 85554

Phone: (928) 462-3244 Fax: (928) 462-3283 E-mail: czienka@youngschool.org

We are requesting **all** of the following educational records, (please do not send entire file):

Withdrawal Notice w/SAIS
Transcript of Grades
Birth Certificate
Eligibility Document

Health Records
Attendance Records
Achievement Test Scores
PHLOTE

IEP
Individual Evaluations
504 Plan
Behavior Plan

Student Name _____ Birthdate _____

Last School Attended _____ Grade _____

School Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

I understand that I have the right to inspect, copy or challenge the contents of the records prior to being forwarded.

(Parent or School Official Signature) (Date)

1st Request Date _____ 2nd Request Date _____ 3rd Request Date _____



YOUNG SCHOOL DISTRICT #5

P. O. BOX 390 – Hwy. 288 @ Baker Ranch Road, YOUNG, ARIZONA 85554
PHONE: (928)462-3244 FAX: (928)462-3283

RESIDENCY DOCUMENTATION FORM

(From ADE Form 2306606)

Student Name _____ Date _____

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 U.S. passport
- ☐ 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 an 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 of Parent/Legal Guardian

Date



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DOCUMENTATION OF COURT ORDER

Student Name _____ Date _____

Grade _____

Please check one of the following statements:

- ☐ There are no court orders or parental custody issues that apply to the student named above.
- ☐ I have provided a copy of all documented court orders, restraining orders, etc. that apply to the student named above.
- ☐ I wish not to provide Young Public School with a copy of the court orders, restraining orders, etc., and therefore waive Young Public School of any liability that may occur in regard to this matter for the student named above.

Parent/Legal Guardian Name (Print)

Date

Parent/Legal Guardian Signature



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Electronic Information Services Use Agreement 2021-2022

Student

I have read the YPS EIS policy (in student handbook/calendar) and understand the provisions specified in it. By signing below, I agree to follow the rules specified in this policy. I understand that if I break the rules specified in this policy, disciplinary and/or legal actions will result, and in addition, I may lose my EIS privileges, which may cause me to lose credit for assignments or classes that require computer access.

Student Name (Print)

Grade

Student Signature

Date

Parent or Guardian Co-signer

As the parent or guardian of this student, I have read and understand this agreement. I understand that it is impossible for the Young Public School District to restrict access to all controversial materials, and I will not hold the district responsible for materials acquired by use of the electronic information services. I also agree to report any misuse of the electronic information services to the Superintendent. Misuse includes but is not limited to content that includes pornography, sex, unethical or illegal solicitation, racism, sexism, and inappropriate language. I also understand that I am responsible, and I agree to pay for the repair cost of any damages caused by my child while using the YPS EIS system and for any purchases made through the EIS system by my child. I accept full responsibility for the actions of my child while using the electronic information services. I further understand that if I do not sign the Electronic Service Information Agreement, my child will not be allowed to use any networked electronic services available in the Young School District. I further understand that if my child does not use the YPS EIS system, I am still responsible for any damages caused to any part of the EIS system by my child.

___ Yes, my student has access to a computer at home.

___ No, my student does not have access to a computer at home.

Parent Name (Print)

Parent Signature

Date



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RELEASE OF INFORMATION AND PHOTO

The Young School District #5 designates the following personally identifiable information contained in a student's education record as "directory information", and will disclose that information without prior written consent unless notified in writing of any or all items the parents/guardians do not wish to be made available to the public with their consent. Directory information for Young Public School includes the student's name, the names of the student's parents, the student's address, telephone number, date of birth, class designation, extracurricular participation, achievement awards or honors, and photograph. (per FERPA)

Please indicate which of the following information you DO NOT wish to be made available to the public by checking the box:

- ☐ Student Name
- ☐ Parent Name
- ☐ Address
- ☐ Telephone Number
- ☐ Date of Birth
- ☐ Class Designation
- ☐ Extracurricular Participation
- ☐ Achievement Awards or Honors
- ☐ Photograph

***** If you DID NOT check "Photograph" above, please continue with this form *****

Young Public School is on the Internet. Our school web page can be found at <http://youngschool.org>. You may also like us on Facebook. The purpose of these web pages is to inform about our school, to share work created by our students, and advertise our successes. For privacy reasons, only first names are used. If you have any questions or concerns, please contact us.

I give my permission for my child's photo or work to be displayed on: (please check the boxes below)

- ☐ School/PTO Website
- ☐ Facebook
- ☐ Panther Press (School Paper)
- ☐ Panther Tracks (School Yearbook)
- ☐ Area Newspapers (Round-up, Copper Country, AZ Silver Belt)

Student Name _____

Parent Signature _____

Date _____



YOUNG SCHOOL DISTRICT #5

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Student Handbook Contract

I have read and reviewed the Young Public School 2021-2022 Student Handbook. I understand the rules and regulations of the District. I am responsible for my own actions and will accept the consequences of my behavior on my way to and from school and during school sponsored activities.

Student Name _____

Student Signature _____

Date _____

Parent Signature _____

Date _____



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CONSENT FOR EMERGENCY CARE

Student's Name _____

Be it known that I, the undersigned parent or legal guardian of the student named above, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student as in the judgment of said doctor or hospital that may be required on an emergency basis in the event that said student should be injured or stricken ill while participating in an interscholastic activity and/or field trip sponsored by Young Public School District #5.

It is hereby understood that the consent and authorization hereby given and granted are continuing and are intended by me to extend throughout the current school year.

Dated the _____ day of _____, 20_____ at Young Arizona.

Parent Signature

Telephone

Witness Signature

This form must accompany sponsors and coaches on all trips.



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BUS RULES

I. BEFORE YOU GET ON THE BUS

- Be at your bus stop five minutes early.
- Stay off the road while you're waiting for the bus.
- Don't act silly while waiting for the bus. BE SAFE!
- Wait until the bus comes to a complete stop before getting on the bus.
- Get off the bus at your stop unless your parent/guardian has written a note or called the office.

II. WHILE YOU ARE ON THE BUS

- Follow directions the first time.
- Act appropriately at all times. (Bus drivers have the final say.)
 - Be safe.
 - Be respectful.
 - Be kind.
- Stay in your seat at all times. No moving **AT ALL** once you sit down.
- Sit with your back against the seat back, your legs facing forward and all body parts out of the aisle when the school bus is in motion.
- Keep all body parts and all objects inside the bus.
- Don't throw anything in the bus or out the window.
- No physical contact (i.e. bumping, hitting, pushing, shoving, fighting) of any kind is allowed on the bus or at stops.
- No food, drink, gum, lighters, matches, or tobacco are allowed on the bus.
- No profanity, yelling or loud talking is allowed on the bus.
- No animals, insects, or glass objects are allowed on the bus.
- No weapons of any kind are allowed on the bus.
- Everything brought onto the bus must be in an appropriate case, container, and/or backpack. (sports equipment, musical instruments, and etc.)
- Damage to a bus caused by a student must be paid for by the student responsible or his/her parent.
- If you make a mess on the bus, you will have to clean it up.
- No personal electronic devices may be used on the bus. (See Cell Phone/PED Policy in handbook for description.)

III. AFTER YOU LEAVE THE BUS

- Cross the road (when necessary) at least 10 feet in front of the bus after the driver signals you to go. (Don't dawdle, but don't run.)
- NEVER cross behind the bus.
- Be alert for a danger signal from the driver.
- The bus driver will not let students off at places other than their regular bus stop or at school.

IV. EXTRA CURRICULAR ACTIVITIES AND FIELD TRIPS

- The above rules apply to any trip under school sponsorship.
- Respect the wishes of chaperones authorized by the school.

V. MISCONDUCT SLIPS (BUS TICKETS)

- 1st Ticket: Student must return the signed ticket to the bus driver.
- 2nd Ticket: Student must return the signed ticket and parents must contact the school before transportation service is resumed.
- 3rd Ticket: Student must return the signed ticket and bus privileges are suspended for a period to be determined by the transportation supervisor and superintendent.
- 4th Ticket: Student must return the signed ticket and bus privileges are suspended for at least 20 school days.
- 5th Ticket: Student is expelled from the bus for the remainder of the year.

VI. SEATING CHARTS

- The use of seating charts may be implemented at any time to insure safety and order on the bus.

VII. ALL RULES FOR BEHAVIOR AT SCHOOL FOUND IN THE STUDENT HANDBOOK ALSO APPLY ON THE BUS

I HAVE READ AND UNDERSTAND THE 2021-2022 BUS RULES OF YOUNG PUBLIC SCHOOL.

Student Name	Parent/Guardian Name	Date
Student Signature	Parent/Guardian Signature	Date



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ACKNOWLEDGMENT CONCERNING USE OF STUDENT LOCKERS

I acknowledge and understand that:

- ☐ Student lockers are the property of the District.
- ☐ Student lockers remain at all times under the control of the District.
- ☐ Students are expected to assume full responsibility for their individual school locker.
- ☐ The district retains the right to inspect student lockers for any reason at any time without notice, without student or parent consent, and without a search warrant.
- ☐ Student lockers may be subject to sniffs by drug dogs at any time, without warning.
- ☐ Only school-issued locks are to be used on student lockers.

Student Name

Date

Locker Number



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High School Lunchtime Permission Slip

As Parent/Guardian of _____, I grant him/her permission to leave campus during the half-hour lunchtime. I understand that it is my responsibility to see that he/she returns promptly and is not late for class. I also absolve the Young Public School of any and all responsibility for my child while he/she is not on campus.

It is also understood that he/she does not have the authority to remain out of school for the remainder of the day.

Furthermore, as parent/guardian, I understand that if my child is tardy after lunchtime, the following consequences will occur:

First offense:	Four-day suspension of off-campus lunchtime privileges
Second offense:	Eight-day suspension of off-campus lunchtime privileges
Third offense:	Revocation of off-campus lunchtime privileges for a nine week period

Parent/Guardian Signature _____

Date _____

JLIE-E ©**EXHIBIT****STUDENT AUTOMOBILE USE
AND PARKING****ACKNOWLEDGMENT CONCERNING USE OF
STUDENT PARKING LOTS**

I acknowledge and understand that:

- A. Students are permitted to park on school premises as a matter of privilege, not of right.
- B. The District retains authority to conduct routine patrols of student parking lots and inspections of the exteriors of student automobiles on school property.
- C. The District may inspect the interiors of student automobiles whenever a school authority has reasonable suspicion to believe that illegal or unauthorized materials are contained inside the automobiles.
- D. Such patrols and inspections may be conducted without notice, without student consent, and without a search warrant.
- E. A student who fails to provide access to the interior of the car upon request by a school official will be subject to school disciplinary action.
- F. If the student fails to follow school policy and procedure related to use of vehicles, the vehicle may be towed away and stored, at the owner's expense.

Signature of the Student

Date

Signature of the Parent/Guardian

Date

Signature of the Vehicle Owner

Date

Vehicle license number: _____