



Registration Packet Information Sheet

<p style="text-align: center;">Bales Elementary</p> <p style="text-align: center;">25400 W. Maricopa Road Buckeye, Arizona 85326</p> <p style="text-align: center;">(623) 847-8503 (623) 327-0744 Fax</p> <p style="text-align: center;">bales@besd33.org</p> <p style="text-align: center;">Monday, Tuesday, Thursday, & Friday 8:30 am to 3:45 pm Wednesday 8:30 am to 1:45 pm</p>	<p style="text-align: center;">Buckeye Elementary</p> <p style="text-align: center;">211 S. 7th Street Buckeye, Arizona 85326</p> <p style="text-align: center;">(623) 386-4487 (623) 386-7901 Fax</p> <p style="text-align: center;">buckeye@besd33.org</p> <p style="text-align: center;">Monday, Tuesday, Thursday, & Friday 8:00 am to 3:15 pm Wednesday 8:00 am to 1:15 pm</p>	<p style="text-align: center;">Inca Elementary</p> <p style="text-align: center;">23601 W. Durango St. Buckeye, Arizona 85326</p> <p style="text-align: center;">(623) 925-3500 (623) 386-4690 Fax</p> <p style="text-align: center;">inca@besd33.org</p> <p style="text-align: center;">Monday, Tuesday, Thursday, & Friday 8:30 am to 3:45 pm Wednesday 8:30 am to 1:45 pm</p>	<p style="text-align: center;">Jasinski Elementary</p> <p style="text-align: center;">4280 S. 246th Ave. Buckeye, Arizona 85326</p> <p style="text-align: center;">(623) 925-3100 (623) 327-2708 Fax</p> <p style="text-align: center;">jasinski@besd33.org</p> <p style="text-align: center;">Monday, Tuesday, Thursday, & Friday 8:30 am to 3:45 pm Wednesday 8:30 am to 1:45 pm</p>
<p style="text-align: center;">Marionneaux Elementary</p> <p style="text-align: center;">Opening 2017 – 2018 School Year</p>	<p style="text-align: center;">Pre-School</p> <p style="text-align: center;">640 Centre Ave. Buckeye, Arizona 85326</p> <p style="text-align: center;">(623) 925-3333 (623) 386-6219 Fax</p> <p style="text-align: center;">preschool@besd33.org</p> <p style="text-align: center;">Monday-Friday 7:00 am to 4:30 pm</p>	<p style="text-align: center;">Sundance Elementary</p> <p style="text-align: center;">23800 W. Hadley St. Buckeye, Arizona 85326</p> <p style="text-align: center;">(623) 847-8531 (623) 386-6049 Fax</p> <p style="text-align: center;">sundance@besd33.org</p> <p style="text-align: center;">Monday, Tuesday, Thursday, & Friday 8:00 am to 3:15 pm Wednesday 8:00 am to 1:15 pm</p>	<p style="text-align: center;">WestPark Elementary</p> <p style="text-align: center;">2700 S. 257th Dr. Buckeye, Arizona 85326</p> <p style="text-align: center;">(623) 435-3282 (623) 386-3398 Fax</p> <p style="text-align: center;">westpark@besd33.org</p> <p style="text-align: center;">Monday, Tuesday, Thursday, & Friday 8:00 am to 3:15 pm Wednesday 8:00 am to 1:15 pm</p>

ATTENDANCE INFORMATION

According to *Arizona Revised Statute 15-807 Section B*, a parent or guardian is obligated to notify the school if his/her child will be absent. Please call the school's attendance line below whenever your child will be absent.

Bales	Buckeye	Inca	Jasinski	Marionneaux	Pre-School	Sundance	WestPark
623-866-6002	623-866-6001	623-866-6006	623-866-6005	TBD	623-925-3333	623-866-6003	623-866-6004

According to *Arizona Department of Education Guideline EX-1*, student absences are not to exceed 10% of the instructional days (a total of 18 days). A parent/guardian can be cited if his/her student's absences are excessive.

Buckeye Elementary School District is required by *Arizona Revised Statute 15-901 (5)* to calculate attendance based on how many minutes of instructional time a child receives each day. The cutoff times for absences vary by grade level, day of the week and the campus. Please check with the attending school for information regarding absence cutoff times.

PICKING UP YOUR CHILD

Help us keep your child safe! Only those adults listed on your child(ren)'s CAN PICK UP list will be allowed to sign a child out of school. All adults will be required to provide photo ID to release the child. Please refrain from picking up your child(ren)'s 15 minutes from school's regular dismissal time.

VISITORS

Please sign in at the front office of the school. A visitor badge will be provided. This helps us keep track of visitors to our campus and assists with the safety of our students. Please do not forget to bring a photo ID to verify your identity.

PARENT PORTAL

If you would like to keep track of your child's grades and attendance, please register for a parent portal account. Your child(ren)'s school office can provide you with information regarding a parent portal account. To access the portal please go to https://buckeye.apscc.org/login_pxp.aspx

TRANSPORTATION

If eligible, you will be provided with time and location, along with the bus rules, which must be signed and returned to the bus driver. Student Transportation Services are a privilege and not a right. Buckeye Elementary School District may withdraw bus privileges to any student that fails to follow the bus rules or follow directions of the bus driver or other adult supervisor. If you have any questions or concerns in regards to transportation, please contact Robert Tippie, Transportation Coordinator @ 623-925-3440

FOOD SERVICE

We are committed to providing every student in our school community with all the tools they need to succeed, including nutritious meals that everyone can enjoy together. That is why we are excited to announce that this year, we are using a new school meal program option to offer school breakfast and lunch every day to all students at no charge. All children enrolled in our school can eat at no cost and there is no application required! If you have questions for Food Service please contact Roxie Striplin, Food Service Director @ 623-925-3421

REGISTER TO VOTE

Are you registered to vote? If not, please support your child(ren)'s school by registering to vote. For more information on registering to vote, please go to <http://recorder.maricopa.gov/elections/registrationform.aspx>

TAX CREDITS

Arizona tax law (ARS 43-1089.01) allows taxpayers a credit for contributions made or fees paid to a public school for support of extracurricular activities. The credit is a dollar for dollar credit that is equal to the amount contributed or the amount of fees paid. However, the credit cannot exceed \$200 for single taxpayers or heads of household. For married taxpayers who file a joint return, the credit cannot exceed \$400. You do not need to have a student enrolled in school to contribute. Consult your tax advisor. Donations can be made at any school or online at www.besd33.org

BUCKEYE ELEMENTARY SCHOOL DISTRICT #033 2016-2017 SCHOOL CALENDAR																																																																																																																																																																																																																																																																																																																																																																										
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border-collapse: collapse;"> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr> <tr><td colspan="7" style="text-align: center;">JANUARY</td></tr> <tr><td>92</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>97</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>101</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>106</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>108</td><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> <tr><td colspan="7" style="text-align: center;">FEBRUARY</td></tr> <tr><td>111</td><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td></td></tr> <tr><td>116</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>121</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> <tr><td>125</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr> <tr><td>127</td><td>26</td><td>27</td><td>28</td><td></td><td></td><td></td><td></td></tr> <tr><td colspan="7" style="text-align: center;">MARCH</td></tr> <tr><td>130</td><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td></td></tr> <tr><td></td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>135</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> <tr><td>140</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr> <tr><td>145</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td></tr> <tr><td colspan="7" style="text-align: center;">APRIL</td></tr> <tr><td>150</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>154</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>159</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr> <tr><td>164</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr> <tr><td></td><td>30</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td colspan="7" style="text-align: center;">MAY</td></tr> <tr><td>169</td><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>174</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr> <tr><td>178</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td></td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr> <tr><td></td><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td></tr> <tr><td colspan="7" style="text-align: center;">JUNE</td></tr> <tr><td></td><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td><td></td></tr> <tr><td></td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td></td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td></tr> <tr><td></td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr> <tr><td></td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td></td></tr> </table>						S	M	T	W	T	F	S	JANUARY							92	1	2	3	4	5	6	7	97	8	9	10	11	12	13	14	101	15	16	17	18	19	20	21	106	22	23	24	25	26	27	28	108	29	30	31					FEBRUARY							111			1	2	3	4		116	5	6	7	8	9	10	11	121	12	13	14	15	16	17	18	125	19	20	21	22	23	24	25	127	26	27	28					MARCH							130			1	2	3	4			5	6	7	8	9	10	11	135	12	13	14	15	16	17	18	140	19	20	21	22	23	24	25	145	26	27	28	29	30	31		APRIL							150	2	3	4	5	6	7	8	154	9	10	11	12	13	14	15	159	16	17	18	19	20	21	22	164	23	24	25	26	27	28	29		30							MAY							169		1	2	3	4	5	6	174	7	8	9	10	11	12	13	178	14	15	16	17	18	19	20		21	22	23	24	25	26	27		28	29	30	31				JUNE											1	2	3			4	5	6	7	8	9	10		11	12	13	14	15	16	17		18	19	20	21	22	23	24		25	26	27	28	29	30	
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Enrollment Packet Checklist

YOU MUST BRING THE FOLLOWING DOCUMENTS WITH YOU AT THE TIME OF REGISTRATION. THE REGISTRATION PROCESS CANNOT BE COMPLETED UNLESS WE HAVE ALL THE FOLLOWING DOCUMENTS:

- Proof of Residency (*A.R.S. §15-802 Section B*)
- Immunization Record (*A.R.S. §15-872 Section B*)
- Original or Certified Copy of Birth Certificate (*A.R.S. §15-828 Section A*)
- Withdrawal Form from Pupil's Previous School Attended in this State (*A.R.S. §15-827 Section A*)
- Parent/Guardian Photo ID

Your enrollment packet includes the following forms to be completed and returned to the school office:

- | | |
|--|---|
| <input type="checkbox"/> Registration Form – Part 1 | <input type="checkbox"/> McKinney-Vento Eligibility Questionnaire |
| <input type="checkbox"/> Registration Form – Part 2 | <input type="checkbox"/> PHLOTE Home Language Survey |
| <input type="checkbox"/> Authorization for Release / Request for Student Records | <input type="checkbox"/> Arizona Residency Documentation Form |
| <input type="checkbox"/> Health Information Form | <input type="checkbox"/> Migrant Education Program |
| <input type="checkbox"/> Student Services Questionnaire | <input type="checkbox"/> Use of Technology Resources in Instruction |



Student Registration Form – PART 1

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT										
Student's Last Name			Student's First Name			Student's Middle Name		Jr, III, IV, etc.	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (MM/DD/YYYY)		Age	Birth City			Birth State		Birth Country		
Student's Primary Home Address (REQUIRED):				Subdivision		City		State		Zip
Student's Mailing Address (if different from Home Address)						City		State		Zip
Primary Phone Number (REQUIRED): <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work					Secondary Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work					
What is the primary language used in the home regardless of the language spoken by the student? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ What is the language most often spoken by the student? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ What is the language that the student first acquired? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____										
Ethnicity: (CHECK ONE) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NOT Hispanic/Latino			Race: (Check ONE or MORE, regardless of ethnicity) <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander							
PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION										
1	Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No			Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father						
CONTACT THIS PERSON	Last Name, First Name (as it appears on Driver's License)					Email Address				
<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	Date of Birth (MM/DD/YYYY)		Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Home Address, City, State, Zip <input type="checkbox"/> Same as Student					
Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION										
2	Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No			Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father						
CONTACT THIS PERSON	Last Name, First Name (as it appears on Driver's License)					Email Address				
<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	Date of Birth (MM/DD/YYYY)		Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Home Address, City, State, Zip <input type="checkbox"/> Same as Student					
Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION										
3	Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No			Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father						
CONTACT THIS PERSON	Last Name, First Name (as it appears on Driver's License)					Email Address				
<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	Date of Birth (MM/DD/YYYY)		Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Home Address, City, State, Zip <input type="checkbox"/> Same as Student					
Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
LIST SIBLINGS ATTENDING ANY SCHOOL WITHIN BUCKEYE ELEMENTARY SCHOOL DISTRICT										
First Name		Last Name		<input type="checkbox"/> Bales <input type="checkbox"/> Buckeye <input type="checkbox"/> Inca <input type="checkbox"/> Jasinski <input type="checkbox"/> Marionneaux <input type="checkbox"/> Sundance <input type="checkbox"/> WestPark <input type="checkbox"/> Preschool					Grade	
First Name		Last Name		<input type="checkbox"/> Bales <input type="checkbox"/> Buckeye <input type="checkbox"/> Inca <input type="checkbox"/> Jasinski <input type="checkbox"/> Marionneaux <input type="checkbox"/> Sundance <input type="checkbox"/> WestPark <input type="checkbox"/> Preschool					Grade	
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OTHER STUDENT INFORMATION										
Name of Previous School and District Attended:			Withdrawal Date (MM/DD/YYYY)		Previous School (City, State, Zip, Phone, Email)			Has your child been identified for Gifted Services? <input type="checkbox"/> No <input type="checkbox"/> Yes		



Student Registration Form – PART 2

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name, MI	Date of Birth (MM/DD/YYYY)	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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LEGAL DOCUMENTS

Please mark any items that apply to this student, and provide the school with copies of related documents (this documentation allows the enforcement of legal guardianship, protective custody and custodial rights):

<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Guardianship for Court-Appointed Guardian
<input type="checkbox"/> Notice to Provider/ADCS	<input type="checkbox"/> Custody/Parenting Time Agreement
<input type="checkbox"/> Order of Protection Against:	<input type="checkbox"/> Other:

STUDENT BACKGROUND INFORMATION

Has the student ever been retained? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, at what grade level?	Has the student ever attended another school in AZ? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, which school/district?
Has the student ever attended any of the Buckeye Elementary District Schools listed below: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, indicate school with Year and Grade attended:	
Bales Elementary Year: Grade:	Marionneaux Elementary Year: Grade:
Buckeye Elementary Year: Grade:	Preschool Year: Grade: Preschool
Inca Elementary Year: Grade:	Sundance Elementary Year: Grade:
Jasinski Elementary Year: Grade:	WestPark Elementary Year: Grade:

DISCIPLINE INFORMATION – SUSPENSION/EXPULSION

Has this student ever been suspended from school? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Date, Reason, School/District:
Has this student ever been expelled from school? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Date, Reason, School/District:
Has either action ever been recommended for this student? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Date, Reason, School/District:

STUDENT EMERGENCY CONTACTS: PERSONS OTHER THAN PARENT/GUARDIAN – NEED TO PROVIDE AT LEAST ONE

If my child is being sent home or must leave school and attempts to reach me have failed, I authorize the following persons. I understand that if the name of the person picking up my child does not appear on this list or the person does not have a photo ID, my child will not be released from school to that person.

1 Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+		
Last Name, First Name (as it appears on Driver's License)	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
2 Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+		
Last Name, First Name (as it appears on Driver's License)	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
3 Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+		
Last Name, First Name (as it appears on Driver's License)	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

I, the undersigned, do hereby authorize officials of Buckeye Elementary School District to contact the person(s) named on this form or updated forms and/or permission is granted to transport, render aid, treatment or care as deemed necessary in an emergency. In the event the parent and other person named on either form cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. I certify that I am a parent with legal control of the child. I understand that it is my responsibility to contact Buckeye Elementary School District if I wish to change any information on this form or to revoke my consent given herein.

Parent/Guardian Signature: _____ Date: _____

SCHOOL OFFICE USE ONLY

Start (Enter) Date:	Date Entered in SIS:	Enter Code:	Grade:	Teacher:	School Student ID#:	Entered into SIS by:
Previously Enrolled in District? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bus <input type="checkbox"/> Walker <input type="checkbox"/> Parent Pick Up	<input type="checkbox"/> ELL <input type="checkbox"/> Migrant <input type="checkbox"/> Gifted	<input type="checkbox"/> SpEd/Speech <input type="checkbox"/> 504 <input type="checkbox"/> Homeless	CTDS:	School #:	EdFi ID #:
Campus: _____						



Authorization for Release of and Request for Student Records

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT				
Student's Last Name	Student's First Name, MI	Date of Birth (MM/DD/YYYY)	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

PREVIOUS SCHOOL ATTENDED INFORMATION				
Name of Previous School Attended:			Name of District:	
Address	City	State	Zip	
Phone	Fax	Email		

Please forward the following cumulative information and records for the student names above to the school and address indicated below, except special education records:

<input type="checkbox"/> Birth Certificate/Passport/Baptismal Certificate/Application for Social Security Number <input type="checkbox"/> Discipline Records <input type="checkbox"/> English Language Learner Records <input type="checkbox"/> Gifted Records	<input type="checkbox"/> Immunization/Health Records <input type="checkbox"/> Last Report Card <input type="checkbox"/> Test Scores <input type="checkbox"/> Withdrawal Forms
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Special Instructions: _____

<input type="checkbox"/> Bales Elementary 25555 W. Durango Street, Buckeye, AZ 85326 (623) 847-8503 / (623) 327-0744 (fax) Email: bales@besd33.org	<input type="checkbox"/> Marionneaux Elementary School Opening 17-18 School Year
<input type="checkbox"/> Buckeye Elementary School 25555 W. Durango Street, Buckeye, AZ 85326 (623) 386-4487 / (623) 386-7901 (fax) Email: buckeye@besd33.org	<input type="checkbox"/> Buckeye Elementary Preschool 25555 W. Durango Street, Buckeye, AZ 85326 (623) 925-3333 / (623) 386-6219 (fax) Email: preschool@besd33.org
<input type="checkbox"/> Inca Elementary School 25555 W. Durango Street, Buckeye, AZ 85326 (623) 925-3500 / (623) 386-4690 (fax) Email: inca@besd33.org	<input type="checkbox"/> Sundance Elementary School 25555 W. Durango Street, Buckeye, AZ 85326 (623) 847-8531 / (623) 386-6049 (fax) Email: sundance@besd33.org
<input type="checkbox"/> Jasinski Elementary 25555 W. Durango Street, Buckeye, AZ 85326 (623) 925-3100 / (623) 327-2708 (fax) Email: jasinski@besd33.org	<input type="checkbox"/> WestPark Elementary School 25555 W. Durango Street, Buckeye, AZ 85326 (623) 435-3282 / (623) 386-3398 (fax) Email: westpark@besd33.org

SPECIAL EDUCATION RECORDS FOR ALL SCHOOLS TO:

Buckeye Elementary School District
 ATTN: Student Services
 25555 W. Durango Street, Buckeye, AZ 85326
 (623) 925-3400 Ext. 3405 / (602) 386-6063 (fax)
ddunning@besd33.org

I, PARENT/GUARDIAN, AUTHORIZE THE RELEASE OF STUDENT'S RECORDS LISTED ABOVE TO THE BUCKEYE ELEMENTARY SCHOOL DISTRICT

Parent/Guardian Signature: _____	Date: _____
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SCHOOL OFFICE USE ONLY						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;">1st Request: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail</td> <td style="width: 50%; padding: 5px;">Requested By: _____</td> </tr> <tr> <td style="padding: 5px;">2nd Request: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail</td> <td style="padding: 5px;">Requested By: _____</td> </tr> <tr> <td style="padding: 5px;">3rd Request: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail</td> <td style="padding: 5px;">Requested By: _____</td> </tr> </table>	1 st Request: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Requested By: _____	2 nd Request: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Requested By: _____	3 rd Request: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Requested By: _____
1 st Request: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Requested By: _____					
2 nd Request: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Requested By: _____					
3 rd Request: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Requested By: _____					



Health Information Form

This form will be distributed at the beginning of each school year

STUDENT INFORMATION - NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT				
Student's Last Name	Student's First Name, MI	Date of Birth (MM/DD/YYYY)	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
MEDICAL HISTORY				
Please mark any items that apply to this student:				
<input type="checkbox"/> Allergies (seasonal, environmental)	<input type="checkbox"/> Chest/Lung Disease			
<input type="checkbox"/> Allergies (food, insects, drugs, latex, etc.): _____	<input type="checkbox"/> Chickenpox (indicate year): _____			
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Condition			
<input type="checkbox"/> Attention Deficit Disorder/Hyperactivity	<input type="checkbox"/> Migraines			
<input type="checkbox"/> Behavior Problems	<input type="checkbox"/> Neurological Disorder			
<input type="checkbox"/> Bladder or Bowel Problems	<input type="checkbox"/> Seizures (Epilepsy)			
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Other: _____			
HEARING HISTORY				
Please mark any items that apply to this student:				
<input type="checkbox"/> Hearing Aids	<input type="checkbox"/> Known Hearing Loss (provide documentation)			
<input type="checkbox"/> Chronic Ear Infections	<input type="checkbox"/> Tubes in ears			
VISION HISTORY				
Please mark any items that apply to this student:				
<input type="checkbox"/> Color Deficiency	<input type="checkbox"/> Wears Contacts			
<input type="checkbox"/> Known Vision Loss	<input type="checkbox"/> Right Eye	<input type="checkbox"/> Left Eye	<input type="checkbox"/> Both Eyes	<input type="checkbox"/> Wears Glasses
MEDICATION				
Is your child on daily medication: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please specify:				
Please mark in the appropriate box next to the medications that you would allow your child to receive at school:				
Acetaminophen (Tylenol) for minor pain or fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Instructions:		
Ibuprofen (Motrin) for minor pain or fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____		
Diphenhydramine (Benadryl) for mild allergic reactions	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____		
Throat/Cough drops for sore throats and coughs	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____		
Antacid liquid (Mylanta) for upset stomach	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____		
OTHER HEALTH INFORMATION				
Physician Name	Phone	Hospital		
Surgeries/Hospitalizations:				
Other Health Information:				
I, undersigned, do hereby authorize the school officials of Buckeye Elementary School District No. 33 to contact the person(s) on the student's emergency contact list in case I cannot be reached. In case of emergency and the parents are not able to be contacted, I authorize Buckeye Elementary School District No. 33 officials to take whatever necessary action for health and safety of said child. I will not hold Buckeye Elementary School District No. 33 responsible for any emergency care or transportation of said child.				
Parent/Guardian Signature:				Date:



Student Services Questionnaire

STUDENT INFORMATION - NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name, MI	Date of Birth (MM/DD/YYYY)	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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SPECIAL EDUCATION INFORMATION

Was your student receiving special education services at their previous school? Yes No

Was your student receiving 504 accommodations at their previous school? Yes No

Was your student receiving ELL services (English Language Learners) at their previous school? Yes No

If No to ALL above questions, please stop and sign here Parent/Guardian Signature: _____ Date: _____

If Yes to any of the above questions, please complete the below portion of this form and sign at the bottom

SELECT SPECIAL EDUCATION SERVICES RECEIVED OR 504 ACCOMMODATIONS RECEIVED:

<input type="checkbox"/> Autism	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Mild Mental Retardation	<input type="checkbox"/> Severe Mental Retardation	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Emotional Disability	<input type="checkbox"/> Moderate Mental Retardation	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> 504 Plan: _____
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Speech/Language Impairment	<input type="checkbox"/> Other: _____

PREVIOUS SCHOOL ATTENDED INFORMATION

Name of Previous School Attended:		Name of District:	
Address	City	State	Zip
Phone	Fax	Email	

STUDENT AND PARENT INFORMATION

Student's Primary Home Address	City	State	Zip
Parent Name	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		

Do you have a copy of the current IEP or 504 Plan? Yes No Do you have a copy of the current Psychological Evaluation Report (MET)? Yes No

If you have copies of the current IEP and MET Report, please provide a copy to the school or Student Services located at Buckeye Elementary Central Office.

I hereby certify that I am the child's parent or legal guardian and that the information I have given above is true and correct to the best of my knowledge. I hereby authorize the release of special education records for the above child.

Parent/Guardian Signature: _____ Date: _____

SCHOOL OFFICE USE ONLY

School#:	SAIS#:	Student ID:
Sent to Student Services by:		Date:



Student Residency Questionnaire

PLEASE PRINT, ALL INFORMATION IS REQUIRED:

Name of School			
Student's Last Name	Student's Middle Name	Student's First Name	
Date of Birth (MM/DD/YYYY)		Grade	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

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.

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
3. Is the student under refugee status? Yes No If yes, Country _____ Effective Date _____
4. Is your current address a temporary living arrangement?
If born outside of US, are the parents in the US Military? Yes No If yes, Country _____
 Yes No

List all schools attended for the past three (3) years

School Year	Grade	School Name	City	State	Country

If you answered **NO** to **ALL** of the above, please stop here.

If you answered **YES** to **ANY** of the above, please complete the remainder of this form.

Where is the student presently living? (Check one box)

- In a Motel
- In a Shelter
- With more than one family in a house or apartment
- In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardian(s):

Address, City, State, Zip:	Phone (include area code):
----------------------------	----------------------------

My signature below affirms the information provided here is true to the best of my knowledge.

Signature of Parent(s)/Legal Guardian(s): Date:

Will your child need transportation if it is determined that they qualify for the McKinney-Vento Act? Yes No



Student Surveys Consent Form

STUDENT INFORMATION

Student's Last Name	Student's First Name, MI	Grade
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The Buckeye Elementary School District Governing Board Policy JRR—Student Surveys, requires annual notification and obtain written informed consent from the parent of a pupil to participate in any survey administered pursuant to A.R.S. §15-117 for the entire year. A parent of a pupil may at any time revoke consent for the pupil to participate in any survey pursuant to subsection A of §15-117. All surveys conducted pursuant to subsection A of §15-117 shall be approved and authorized by the school district. A teacher or other school employee may not administer any survey pursuant to subsection A of §15-117 without written authorization from the school district.

A survey is only subject to §15-117 if the results are retained by the District for more than one year, it collects the student's name or other identifiable information, one or more questions in the survey impacts one or more of the protected areas listed in the statute, and the survey does not fall under one of the exceptions. A parent may agree to allow a child to participate in some surveys, but not in others. Surveys collected under §15-117 cannot be released to third parties without "de-identifying" the results.

The District will comply with the provisions of the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Education Act (IDEA).

If a parent or eligible student believes that the District is violating the FERPA, that person has a right to file a complaint with the U.S. Department of Education. The address is:

The Family Policy Compliance Office
 U.S. Department of Education
 400 Maryland Avenue, SW
 Washington, DC 20202-4605

PARENT CONSENT

Yes, my student is allowed to participate in A.R.S §15-117 student surveys.

Yes, my student is allowed to participate in the A.R.S §15-117 student surveys that I have selected; not in others.
 (A list of the types of survey areas are below, check the appropriate boxes)

No, my student is not allowed to participate in A.R.S §15-117 student surveys.

Parent/Guardian Name (Printed):	Parent/Guardian Signature:	Date:
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SURVEY AREAS PROTECTED BY A.R.S. §15.117 CHECK THE FOLLOWING SURVEY AREAS IN WHICH YOUR STUDENT MAY PARTICIPATE:

- | | |
|--|--|
| <input type="checkbox"/> Critical appraisals about another person with whom the student has a close relationship
<input type="checkbox"/> Gun or ammunition ownership
<input type="checkbox"/> Illegal/antisocial/or self-incriminating behavior
<input type="checkbox"/> Income or other financial information
<input type="checkbox"/> Legally recognized privileged relationships, i.e., priest, attorney, doctor
<input type="checkbox"/> Medical history/information
<input type="checkbox"/> Mental health history/information | <input type="checkbox"/> Political affiliations/opinions/beliefs
<input type="checkbox"/> Biometric information about the student
<input type="checkbox"/> Quality of interpersonal relationships in the home
<input type="checkbox"/> Religious practices/affiliations/beliefs
<input type="checkbox"/> Self-sufficiency during an emergency/disaster/or essential services interruption plans
<input type="checkbox"/> Sexual behavior/attitudes
<input type="checkbox"/> Voting history |
|--|--|



Migrant Education Program

STUDENT INFORMATION			
Student's Last Name:	Student's First Name:	Student's Middle Name:	School:
NAME OF PERSON COMPLETING THIS FORM			
Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father			
First Name		Last Name	
Home Address	City	State	Zip
Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS			
Have you worked in agriculture-related jobs (such as field work, fruit or vegetable packing companies, dairies, or ranches) in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you recently moved with your family from another city, state, Mexico or Canada to work in the fields, packing companies, dairies or ranches? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you left the school district with your family to go work in the fields, packing companies, dairies, or ranches? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered YES to any of the above questions, your children may be eligible for services through the Buckeye Elementary School District Migrant Program. You will be contacted to set up an interview with staff from the Migrant Program.			

Migrante Educación Programa

INFORMACION DEL ESTUDIANTE			
Apellido del Estudiante	Primer Nombre del Estudiante	Segundo Nombre del Estudiante	Escuela
NOMBRE DE LA PERSONA QUE COMPLETA ESTA FORMA			
Relacion: (Marque Uno) <input type="checkbox"/> Madre <input type="checkbox"/> Padre <input type="checkbox"/> Tutor <input type="checkbox"/> Padre Adoptivo <input type="checkbox"/> Madrastra <input type="checkbox"/> Padrastro			
Primer Nombre		Apellido	
Direccion de Casa	Ciudad	Estado	Codigo Postal
Numero de Telefono Primario <input type="checkbox"/> Movil <input type="checkbox"/> Casa <input type="checkbox"/> Trabajo	Numero de Telefono Alternativo <input type="checkbox"/> Movil <input type="checkbox"/> Casa <input type="checkbox"/> Trabajo		Numero de Telefono Alternativo <input type="checkbox"/> Movil <input type="checkbox"/> Casa <input type="checkbox"/> Trabajo
POR FAVOR RESPONDA SI O NO A LAS SIGUIENTES PREGUNTAS			
¿Ha trabajado usted en el campo de la agricultura, en la cosecha, empaedora de frutas y verduras, lecherias, o ranchos en los últimos tres años? <input type="checkbox"/> Si <input type="checkbox"/> No			
¿Se ha mudado usted recientemente con su familia de otra ciudad, estado, México o Canadá para trabajar en el campo, cosechas, empaedoras, lecherias o ranchos? <input type="checkbox"/> Si <input type="checkbox"/> No			
¿Ha salido usted de este Distrito Escolar Buckeye con su familia para trabajar en el campo, cosechas, empaedoras, lecherias o ranchos? <input type="checkbox"/> Si <input type="checkbox"/> No			
Si ha Mercado Si en una de las preguntas es posible que cualifican sus niño para servicios del Programa Migrante del Distrito Escolar Buckeye, el personal docente del programa migrante les hablaran para hacer una entrevista con Ud.			



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

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?** _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



**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
- ___ 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

*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.

USE OF TECHNOLOGY RESOURCES IN INSTRUCTION

ELECTRONIC INFORMATION SERVICES USER AGREEMENT

Details of the user agreement shall be discussed with each potential user of the electronic information services (EIS). When the signed agreement is returned to the school, the user may be permitted use of EIS resources.

Terms and Conditions

Acceptable use. Each user must:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- Not use the network in any way that would disrupt the use of the network by others.
- Not use the EIS for commercial purposes.
- Follow the District's code of conduct.
- Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary action up to and including expulsion for students.

In addition, acceptable use for District employees is extended to include requirements to:

- Maintain supervision of students using the EIS.
- Agree to directly log on and supervise the account activity when allowing others to use District accounts.
- Take responsibility for assigned personal and District accounts, including password protection.
- Take all responsible precautions, including password maintenance and file and directory protection measures, to prevent the use of personal and District accounts and files by unauthorized persons.

Personal responsibility. I will report any misuse of the EIS to the administration or system administrator, as is appropriate. I understand that many services and products are available for a fee and *acknowledge my personal responsibility for any expenses incurred without District authorization.*

Network etiquette. I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages.
- *Respect privacy.* I will not reveal any home addresses or personal phone numbers or personally identifiable information.

- *Avoid disruptions.* I will not use the network in any way that would disrupt use of the systems by others.
- *Avoid disruptions.* I will not use the network in any way that would disrupt use of the systems by others.
 - Be brief.
 - Strive to use correct spelling and make messages easy to understand.
 - Use short and descriptive titles for articles.
 - Post only to known groups or persons.

Services.

The School District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information service (EIS) is used and bears the risk of reliance on the information obtained have read and agree to abide by the School District policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference. I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Name _____ Signature _____ Date _____
(Student or employee)

School _____ Grade (if a student) _____

Note that this agreement applies to both students and employees.

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

Parent or Guardian Cosigner

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a School District administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.)

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Parent/Guardian Name (print) _____

Signature _____ Date _____