



Welcome Back

Pre Enrollment is July 31 to August 3 from 9am – 3pm

First Day of School is August 16, 2017 at 8:20 am to 2:50 pm

Please return the following forms to the Elementary School office.

1. Free reduced lunch application
2. Emergency Medical Information Packet
3. Residency document form with proper support documentation
4. Name of Bus Stop for your child
5. \$10 annual activity fee
6. Updated immunization card
7. Birth Certificate-for new students

Bienvenido

Pre inscripción es el 31 de Julio hasta el 3 de agosto de las 9am - 3pm

Primer día de Escuela es el 16 de Agosto, 2017 de las 8:20am -2:50pm

Por favor devuelva los siguientes formularios a la oficina de la escuela primaria.

1. La aplicación de almuerzo reducido
2. Paquete de emergencia de información médica
3. Formulario de documento de residencia
4. Nombre de parada de autobús para su niño
5. \$10 cuota anual de la actividad
6. Carta de Vacunas
7. Acta de nacimiento



FOR OFFICE USE ONLY

Teacher _____	Room _____		Address Area: (circle one)
Start Date ___/___/___	Grade _____	School of Attendance	Scenic _____ Littlefield _____
SAIS Entry Date ___/___/___	Code _____	<input type="checkbox"/> Beaver Dam Elementary	Beaver Dam _____ Desert Springs _____
Red Tag Alert _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Beaver Dam Jr./Sr. High School	Bus Driver _____ Bus # _____
Has student been retained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Immunizations <input type="checkbox"/> Yes <input type="checkbox"/> No	Walker <input type="checkbox"/> Parent Driven <input type="checkbox"/> Self Driven <input type="checkbox"/>
Has student been expelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	Student SAIS # _____
Variance _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		Student School ID# _____

Student's Legal Last Name: _____ First: _____ Middle: _____

Mailing Address: _____ City: _____ Zip: _____

Street Address (if different): _____ City: _____ Zip: _____

Home Telephone: _____ Email: _____ Work/Day phone #: _____

Birth Date: _____ Birth State/Country: _____ Birth City: _____

Mother's Name: _____ Occupation: _____ Cell Phone: _____

Father's Name: _____ Occupation: _____ Cell Phone: _____

Legal Guardian: _____ Occupation: _____ Cell Phone: _____

If separated or divorced, who has legal custody of this child? _____

Does the other parent have visitation rights? Yes No Copies of papers furnished Yes No

Please specify who the student lives with Mother Father Stepmother Stepfather Aunt/Uncle Grandparents Legal Guardian

Part 1: Ethnicity Is this student Hispanic or Latino? Male Female

No, not Hispanic or Latino Yes, Hispanic or Latino (Choose one)

Both Part 1 and Part 2 questions must be answered

Part 2: Race What is the student's race? (Choose one or more)

American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White

Brothers & Sisters enrolled in Littlefield Unified School District.		
Name	School	Grade

The following people have permission to pick up my child and may be notified in an emergency.		
Name	Relationship	Phone Number

School Last Attended: _____ City: _____ State: _____

Previously enrolled in this District Yes No When _____ What School? _____

Previously enrolled in a school in Arizona? Yes No When _____ What School? _____

Responses to the statement below will be used to determine whether your child will be assessed for English Language Proficiency

What is the primary language of the student? _____

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

What is the language that the student first acquired? _____

Signature Parent/Guardian _____

Date _____

Beaver Dam Elementary School

3436 E. Rio Virgin Rd. / PO Box 730 / Beaver Dam, AZ 86432 / 928-347-5796 / fax 928-347-5795



Littlefield Unified School District #9

Emergency Medical Information

2017-2018

Student Name: _____ DOB: _____ Grade _____

Mother/Guardian: _____ Cell # _____ Work # _____

Father/Guardian: _____ Cell # _____ Work # _____

Name of person/s that may be called if parents can't be reached:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Medical History (Check All That Apply)

Asthma Physical Handicap Hepatitis Diabetes Heart Condition Seizures

Valley Fever T.B. or Contact Hearing Loss Wears Glasses Epi-Pen

Allergies: Type _____

Injuries : _____ Date _____

Fractures: _____ Date _____

Surgical History of Student (include dates if know): _____

Is student on medication? Yes No If Yes, for what condition? _____

What medication? _____

My child has permission to receive the following over the counter medications. These medications must be kept in the front office and will be dispensed by school personnel. **Parent must bring medication to office and provide school personnel with medication in original container, with name written on container.**

Tylenol /Generic Calamine Lotion /Generic Saline Eye Wash Cough Drops

Lozenge Ibuprofen/Motrin/Generic Tums Midol/Generic

I, the undersigned parent/guardian hereby give my consent for the above child to be release to the relative/friend I have designated and/or be taken to the nearest hospital in case of emergency. I acknowledge I am financially responsible for any emergency care or transportation expenses arising out of a medical emergency involving my child and I will not hold Littlefield Unified School District responsible for such expenses.

Signature of Parent or Guardian _____ Date _____

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Littlefield Unified School District #9



Special Education Information Survey

Parents or guardians of student should complete this form at the time of enrollment.

In order to provide continuity in the education environment, it is important that we are informed of any special education services previously received by your child. Please complete the following form and feel free to add any comments in the space provided below.

Student Name: _____ DOB: _____ Grade: _____

Previous School: _____

How long was your child at the previous school? _____

Has you son/daughter ever had any Special Education Services provided for them at a previous school? Yes No

Has you son/daughter ever been tested Special Education ? Yes No

Has you ever signed an Individualized Education Plan (IEP) that provides for Special Education Services? Yes No

Has you son/daughter received any Special Education Services in the past but is no longer in need of services? Yes No

Please check the following special programs that your student has participated in:

Specific Learning Disability (SLD) or Resource room support for math, reading or writing help.

English as a Second Language Program, pulled out to learn English

Speech and Language therapy—SLI

Orthopedic Impairment (Physical or Occupation Therapy for fine motor skills) - PT/OT

Hearing Impairment -HI

Visual Impairment-VI

Other Health Impairment- OHI

Emotional Disability, Self-Contained Classroom for Behavior-ED

Self-Contained– Smaller Classrooms for slower learners

Traumatic Brain Injury –TBI

Section 504 Accommodation Plan

Gifted Program

Other or comments: _____

Signature of Parent/Guardian: _____ Date _____

Student Residency 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.

Student Name _____ Male Female

Date of Birth _____ Age _____ Grade _____

1. Is your current address a temporary living arrangement?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If you answered NO to either of the above two questions, you may stop here. Please sign below.

Signature of Parent or Guardian: _____ Date: _____

If you answered YES to either of the above two questions, please complete the remainder of this form.

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

- In a motel
- In a shelter
- Temporarily** staying with one or more families in a residence
- Moving from place to place
- In a place not designated for ordinary sleeping accommodations (i.e. car, park or camp site)
- In a place **without** electricity, heat, or water.

Other children in the family:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name of Parent(s) / Legal Guardian(s) _____ Phone _____

Address _____ Zip _____

Alternate Contact Person _____ Relationship _____

Home or Cell Phone # _____ Work Phone # _____

Signature of Parent or Guardian: _____ Date: _____

For School Staff Only

Please send a copy to Federal Programs at the District Office. I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date _____ McKinney-Vento Liaison Signature _____

Beaver Dam Elementary School

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Littlefield Unified School District #9



Home / School Learning Compact

The Beaver Dam Elementary School believes in high standards for its students and staff and that effective schools are a result of families, school staff and district staff working together for each child's success in school. A commitment by everyone involved will ensure the best possible climate for a good education for all children. A Learning Compact is an agreement among groups toward that goal. This agreement is a promise that students, school and district staff, and parents/guardians will work together toward student success.

Parent / Guardian Responsibilities

I want my child to achieve; therefore, I will do the following:

- See that my child gets adequate food and sleep.
- See that my child arrives at school everyday on time, and remains for the entire day
- Reinforce school and classroom rules.
- Set aside a specific time and place for homework and review it nightly, along with other school information
- Maintain positive communication with my child's teacher as needed and attend parent teacher conferences.

Student Responsibilities

It is important that I work to the best of my ability, therefore, I will strive to do the following:

- Arrive at school everyday on time and remain for the entire day.
- Show responsible behavior by following school and classrooms rules.
- Respect myself, my school, and other people.
- Complete all class and homework assignments to the best of my ability.
- Share my classroom work and school information with my parents/guardians nightly.

Teacher Responsibilities

It is important that students achieve; therefore I will strive to do the following:

- Hold high expectations for all students, believing tat all students can learn and progress.
- Strive to meet the individual needs of all students in my class
- Make the classroom and myself accessible to parents / guardians nightly.
- Communicate to students and parents /guardians expectations for homework, classwork , and behavior
- Encourage students to do their best.
- Provide homework assignments Monday through Thursday that will reinforce classroom instruction.

District / Principal Responsibilities

I support this compact; therefore I will strive to do the following

- Provide an open door policy for parents/guardians.
- Reinforce the partnership between parent/guardian, students, and staff.
- Hold regular information/discussion meetings for all parents/guardian. (Provide translation as needed)
- Encourage teachers to regularly provide homework assignments Monday through Thursday that will reinforce classroom instruction

Parent/Guardian Signature _____

Student Signature _____

Student Name _____

Date _____

Please indicate bus stop according to bus schedule

Beaver Dam Elementary School
Littlefield Unified School District #9
2017-2018



DISTRICT TRANSPORTATION

Bus transportation is a privilege!

Students are to follow all bus driver rules for the safety of all riders. If a student misbehaves on the bus, the official complaint will be filed by the bus driver and given to the Site Administrator or the Director of Transportation. The student may be warned and/or have bus privileges suspended. If the problem persists, students will need to have a conference with the Transportation Director, Site Administrator, Bus Driver, Parent and Student to resolve the existing problem (s).

1. Students being transported are under authority of the bus driver;
2. Fighting, wrestling or boisterous activity is prohibited on the bus;
3. Students will use the emergency door only in case of emergency;
4. Students will be on time for the bus, both morning and evening;
5. Students will not bring firearms, weapons or other potentially hazardous material on the bus;
6. Students will not bring animals, except approved assistance guide animals on the bus;
7. Students will remain seated while bus is in motion;
8. Students may be assigned seats by the bus driver;
9. When necessary to cross the road, students will cross in front of the bus or as instructed by the bus driver;
10. Students will not extend their hands, arms or heads through bus windows;
11. Students will have written parental permission signed by the Office Manager to leave the bus other than for home or school;
12. Students are not allowed to get on a different bus/stop without a bus pass. The bus pass is issued by the Office Manager. In order to obtain a pass a parent has to send a written note signed and dated or stop in the office **NO PHONE CALLS.**
12. Students will converse in normal tones; loud or vulgar language is prohibited;
13. Students will not open or close windows without permission of the driver,
14. Students will keep the bus clean and must refrain from damaging it, **no food or drink allowed on the bus;**
15. Students will be courteous to the driver, fellow students and passers-by;
16. Students who refuse to promptly obey the directions of the driver or refuse to obey regulations may forfeit their privilege to ride on the buses.

Parent/Guardian

I have read and understand all of the following expectation of district provided transportation and I give my student _____ permission to participate in district provided transportation.

Student Name

Parent / Guardian Signature

Student

I have read and understand all of the following expectation of district provided transportation and agree to follow them.

Student Signature

Beaver Dam Elementary School

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Littlefield Unified School District #9

Yearbook 2017-2018

Name of Student _____ Grade _____

I grant Littlefield Unified School District # 9 permission to have the right to use my child's picture and name on our district website, school yearbook, school newspaper and community newspaper articles.

I DO NOT grant Littlefield Unified School District # 9 permission to have the right to use my child's picture and name on our district website, school yearbook, school newspaper and community newspaper articles.

Signature of Parent/Guardian _____ Date _____

COMMUNICATIONS

Littlefield Unified School District #9 is making communications with families a priority. LUSD#9 has multiple methods available to accomplish this goal, including the LUSD#9 website at <http://lusd9.com/>. On the website you can find a link to the calendar which will show all upcoming events. Also, there is a link provided for Schoolmaster our student information system where you can find your students current grades, and assignments and an email link to communicate directly with your child's teacher. As a parent or guardian your parental log on information will work for all the students in your family. If you need your log on information for Schoolmaster please contact Mrs. Martinez in the front office.

School Messenger

Another communication tool that will be utilized is School Messenger. This is an automated messaging system that will make phone calls to your land line or cell phone, text messages to cell phones or emails to parents and guardians, in English & Spanish when available. **Of course this will only work effectively if school is provided with the current contact information.**

Parent / Guardian Contact #1	
Name	
Home #	
Cell #	Receive Text: Yes / No
Email Address	

Parent / Guardian Contact #2	
Name	
Home #	
Cell #	Receive Text: Yes / No
Email Address	

Parent/Guardian Contact #3	
Name	
Home #	
Cell #	Receive Text: Yes / No
Email Address	

Littlefield Unified School District #9

Electronic Information Services User Agreement

In accordance with: Public Law No. 106-554. Section 1721 of CIPA amends section 254(h) of the Communications Act of 1934, as amended, 47 U.S.C. § 151 *et seq.* Section 1721 references section 1732 of the Children's Internet Protection Act, which amends section 254 of the Communications Act by adding a new subsection 91) at the end of section 254. Sections 1731-1733 of CIPA are also referred to as the Neighborhood Children's Internet Protection Act (N-CIPA).

The Littlefield Unified School District #9 (LUSD) Electronic Information Services (EIS), which includes data and communications equipment and services, are maintained to support education, research, and the educational goals of the District. The District requires anyone who uses the EIS to follow its guidelines and procedures, and to agree to its Term and Conditions.

Terms and Conditions

Acceptable Use: Each user must:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of LUSD.
- 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, personal email addresses, or other personally identifiable data, or participate in chat rooms, unless authorized to do so by a designated school authority. EIS users may publish web pages, photographs, and projects only with the express consent of a designated school authority.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by designated school authorities.
- Not use the network in any way that would disrupt the use of the network by users.
- Not use the EIS for commercial purposes.
- Follow LUSD's code of conduct, according to Governing Board policies.
- Not attempt to harm, modify, add, or destroy software or hardware nor interfere with system security. Alert a school authority of a noticeable security problem, including viral activity. Do not demonstrate the problem to other users.
- Maintain his/her own passwords. Any activity associated with an account will be considered the activity of the account holder.
- Understand that inappropriate use may result in cancellation of permission to use the EIS, and appropriate disciplinary action up to and including expulsion for students, personnel actions for employees, and/or criminal proceedings if warranted.

In addition, acceptable use for LUSD 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 LUSD accounts.
- Take all responsible precautions, including password maintenance and file and directory protection measures, to prevent the inappropriate use of EIS.

Personal Responsibility.

I understand that the use of the District's EIS is a privilege, and not a right. This privilege can be revoked at the discretion of the District/

I will report any misuse of the EIS to school authorities.

I understand that many services and products are available for a fee and acknowledge my personal responsibility for any expenses incurred without the District's 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 anyone's personally identifiable information, including home address, personal phone number, or personal email address.

Avoid disruptions. I will not use the network in any way that disrupts the use of the systems by others.

Observe the following considerations: Be brief, strive to use correct spelling and make messages easy to understand, use short and descriptive titles for articles, and pose only to known groups or persons.

No Warranties.

Littlefield Unified School District #9 makes **no** warranties of any kind for the service it is providing. The District is not responsible for damages, to include loss of data, no deliveries, misdeliveries, or service interruptions.

Use of any information obtained with the District's EIS is at the user's own risk. Littlefield Unified School District #9 specifically denies any responsibility for the accuracy or quality of information obtained on the Internet.

User Agreement

When the signed agreement is returned to the school, the user may be permitted use of EIS resources through school equipment.

I understand and will abide by the provisions and conditions indicated on Page 1 and Page 2 of the LUSD Electronic Information Services User Agreement. I will not use the District's EIS resources to commit any crime. 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 (printed) _____

Signature _____ Date _____

(Student or Employee)

School _____ Grade (if 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 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 authority.

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 (EIS).

Parent or Guardian Name (print) _____

Signature: _____ Date _____

Beaver Dam Elementary School

Field Trip Permission 2017-2018

Grade_____

Teacher Name_____

August 2017- June 2018

This document grants permission for your child to attend academic field trips or events sponsored by LUSD9 during the current school year.

All Travel will be LUSD9 bus, van, or properly insured rental vehicles (i.e., tour bus or rental vehicles). Students must be transported in a LUSD9 approved vehicle in order to be counted present for the school day. Students may **not** be transported to events in private vehicles. Students may be transported home from event by their legal guardian and will be considered absent from school at the time of departure. Students are **NOT ALLOWED to** travel home in a private vehicle other than that of their parent or guardian without **written** permission from the legal guardian.

Chaperones will always be LUSD9 employees, coaches, or approved volunteers.

Drivers will always be LUSD9 employees, coaches, or licensed/bonded drivers for a tour company we may use.

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone _____

Physical Address _____

Emergency Contact Name: _____

Legal or Custodial Issues: Y N Describe _____

To the Students: Students conduct on or off campus while participating in a school related event is governed by the same rules that control in-school behavior. Discipline referrals from the staff member in charge will result in the same consequences as would happen on campus.

Student Signature: _____ Date _____

To the parent/guardian: I hereby consent to my child's participation in school sanctioned field trips and academic events. I acknowledge that my child is expected to abide by ALL school regulations.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print: _____



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
- _____ 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



Fax Cover Sheet

Beaver Dam Elementary School

3436 E. Rio Virgin Rd.

Beaver Dam AZ, 86432

Fax: 928-347-5796

Email: Smartinez@Lusd9.com

Phone: 928-347-5796

TO: _____ FROM: _____

COMPANY: _____ DATE: _____

FAX NUMBER: _____ TOTAL NO. OF PAGES: _____

PHONE NUMBER: _____

RE: _____

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

Comments:

Littlefield Unified School District **REQUEST FOR STUDENT RECORDS**

The students listed below have enrolled in our school district. Please send copies of the **cumulative records, including immunizations, health records, report cards, test data, guidance records, and IEP.**

Last Name First Name Grade Birthdate

Last Name First Name Grade Birthdate

Parent Signature

Date

**Send to: Beaver Dam Elementary
P. O. Box 730
Beaver Dam Elementary AZ, 86432
Or Email Smartinez@Lusd9.com Fax: 928-347-5795**