

Florence Unified School District No. 1
HIGH SCHOOL
RE-REGISTRATION PACKET
(Returning During Same School Year)



2019

2020

Please complete using blue or black ink only.

Parents and Students,

Each year the following forms need to be updated to ensure your understanding of the District Policies and Procedures, as well as, ensure we have the most current information on for you and/or your child.

Forms to update:

1. Programs/Policies Acknowledgment Form
 - a. Code of Conduct Acknowledgement
 - b. Student Acceptable Use Policy for Technology Acknowledgement
 - c. FUSD Student Handbook Acknowledgement
 - d. FERPA Acknowledgement
2. Student Annual Medical Information Form
3. Permission to Leave Campus Form
4. Free and Reduced Lunch Application

Additional Information provided:

1. FERPA Notice for Directory Information
2. Helpful Parent/Student Information
3. Acceptable Use Policy for Technology
4. Current School Year Calendar

We appreciate your assistance in updating our records.



FLORENCE UNIFIED SCHOOL DISTRICT NO. 1

STUDENT REGISTRATION FORM

SCHOOL: FHS MVA PBHS STFHS

(Circle One)



STUDENT INFORMATION

Child's Legal Name:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Physical Address:	City:	Zip Code:	
Mailing Address:	City:	Zip Code:	
Date of Birth:	Birth Country:	Birth State:	Birth City:
Home Phone #	Parent Cell Phone #	Transitional Housing <input type="checkbox"/>	<small>COPY OF BIRTH CERTIFICATE REQUIRED</small>
Part A: Is this student Hispanic/Latino? (Choose only one) YES <input type="checkbox"/> NO <input type="checkbox"/>			
Part B: What is the student's race? (Choose only one) <input type="checkbox"/> American Indian or Alaska Native* (Please complete Title VI ED 506)			
<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			
*If American Indian or Alaska Native, list Tribe Affiliation:	Tribal Affiliation Documents: <input type="checkbox"/> CDIB (Certificate Degree of Indian Board) <input type="checkbox"/> 506 (Must include enrollment number)	Is the student's address on reservation? YES <input type="checkbox"/> NO <input type="checkbox"/> Reservation: _____	
Name of person(s) child lives with:		Relationship:	
Name of person(s) child lives with:		Relationship:	

PARENT / GUARDIAN INFORMATION

Legal Name:		<input type="checkbox"/> P <input type="checkbox"/> G	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity: _____
Email address:		Phone #:		
Does parent/legal guardian serve in the uniformed service (including National Guard & Reserves)?				YES <input type="checkbox"/> NO <input type="checkbox"/>
Legal Name:		<input type="checkbox"/> P <input type="checkbox"/> G	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity: _____
Email address:		Phone #:		
Does parent/legal guardian serve in the uniformed service (including National Guard & Reserves)?				YES <input type="checkbox"/> NO <input type="checkbox"/>

EMERGENCY CONTACT(S) / AUTHORIZED TO PICK UP: (must be 18 years of age or older)

Name: _____	Relation: _____	Home Phone: _____
		Work Phone: _____
		Cell Phone: _____
Name: _____	Relation: _____	Home Phone: _____
		Work Phone: _____
		Cell Phone: _____
Name: _____	Relation: _____	Home Phone: _____
		Work Phone: _____
		Cell Phone: _____
Name: _____	Relation: _____	Home Phone: _____
		Work Phone: _____
		Cell Phone: _____

I certify that I am the child's parent or legal guardian, am an Arizona resident and that the information I have given above is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature: _____ **Date:** _____

Entry Code:	Entry Date:	Evidence of Last Grade Placement:		
Grade:	Teacher:	SAIS #	Bus #:	Bus stop:
Special Notations (Difficulties, Handicaps, Successes, etc.)				
Signature of Secretary / Registrar			Signature of Person Entering Data into Student Data Base	Date

Student name: _____ **Grade:** _____ **Parent/Guardian Name:** _____

SIBLING INFORMATION (brothers & sisters)

Name	Date of Birth	Grade	Name	Date of Birth	Grade

TRANSFER INFORMATION

Name of last School District attended: _____

Name of school last attended: _____

Type: Public Private Charter Alternative Other: _____

Address: _____ Phone #: _____

City: _____ State: _____ Grade level at last school: _____

Has your child ever attended any school within Arizona? YES NO

Has your child ever attended any school within the Florence Unified School District? YES NO

SPECIAL CLASSES & ACCOMMODATIONS

Has this student ever participated in any of the following?

- English Language Learner
- Gifted or Accelerated Program
- Speech Therapy services per an IEP and provided by the school
- Special Education services per an IEP and provided by the school

If yes to any Speech or Special Education services, please complete the Special Education form in this packet.

Does this student have a current 504 plan? YES NO If yes, please provide a copy.

IDENTIFICATION OF PRIMARY HOME LANGUAGE

(MARK ONLY ONE FOR EACH OF THE FOLLOWING)

What is the primary language used in the home regardless of the language spoken by the student? English Spanish Other: _____

What is the language most often spoken by the student? English Spanish Other: _____

What is the language that the student first acquired? English Spanish Other: _____

LEGAL DOCUMENTS

Please mark any items that apply to this student and provide the school with copies of related court documents.

- Custody/parenting time agreement
- Letters of guardianship for court-appointed guardian
- Power of Attorney
- Student is not living with his/her biological parents
- Student has an injunction against harassment against/from another person
- Student has an order of protection against/from another person
- Student is covered by a court order regarding schools

SUSPENSION/EXPLUSION DISCIPLINE INFORMATION

Has this student ever been suspended from school? YES NO

Has this student ever been expelled from a school? YES NO

Has either suspension or expulsion ever been recommended from this student? YES NO

Dates of suspension and/or expulsion: _____ From which school? _____

Length of suspension/expulsion: 1 – 5 days 6 – 10 days More than 10 days Specify: _____

Reason for suspension/expulsion: _____

Parent/Guardian Signature: _____ **Date:** _____



FLORENCE UNIFIED SCHOOL DISTRICT NO. 1

P.O. 2850 * Florence, AZ 85132 * 520-866-3500

Anthem K8 * Circle Cross Ranch K8 STEM Academy * Copper Basin K8 * Florence K8

Magma Ranch K8 * San Tan Heights K8 * Skyline Ranch K8 * Walker Butte K8 Leadership School

Mountain Vista Academy * Florence High School * Poston Butte High School * San Tan Foothills High School



STUDENT RECORD REQUEST

Records for the following student to be released from the noted school:

Student Name:	
Date of Birth:	
Prior School Information	
Name of last school attended:	
School Street Address:	
School City, State, Zip:	
School Phone Number:	
School Fax Number:	
Last grade attended at this school:	
Last Date Attended / Date Withdrawn:	

Please send the following records to the following address:

- Scholastic Records (including all semester grades as well as withdrawal grades)
- Transcripts (Fax unofficial and mail official transcripts)
- Achievement Test Scores
- Health Records
- Birth Certificate
- Discipline Records
- Attendance Records
- Withdrawal Form
- Sports Physical (if less than 1 year old)

PLEASE DO NOT SEND THE CUM FILE

Send to:
FLORENCE UNIFIED SCHOOL DISTRICT NO. 1
ATTN: _____, REGISTRAR
P O BOX 2850
FLORENCE, AZ 85132
FAX: _____

****Send Special Education Records to kmp@fusdaz.org or Fax 520-868-7354****

In accordance with Arizona State Law, parent permission is no longer required when records are requested by authorized school personnel.

X _____
Authorized Signature

Date

F.U.S.D. SCHOOL USE

1st Request:		2nd Request:		3rd Request:		Docs. Received:	
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SPECIAL EDUCATION CHECKLIST FOR NEW ENROLLMENT

Student Name:	
Grade:	

Parent/Guardian

1. Was your child involved in Special Education at his/her previous school? YES NO
2. What is your child's disability? _____
3. Did he/she have speech services? YES NO
4. Did you provide the school with a current IEP upon registration? YES NO
5. **If your child has received services or has a disability, please sign this form so we may obtain your child's Special Education records.**

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____

Office Staff

1. Be sure parent signs the release of information form and then forward a copy to the District Special Education Office. Forwarded by: _____
2. Ask if parent has a copy of the IEP and Psychologist Report. If they do, please forward to the District Special Education Office. Forwarded by: _____
3. Notify on-site Special Education Staff immediately when a student with **significant disabilities** enrolls. The parent will need to meet with either a Special Education teacher or psychologist. Notified by: _____
4. Send a copy of the **enrollment form** and **release of records form** to the District Special Education Office. Forwarded by: _____



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FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) NOTICE FOR DIRECTORY INFORMATION

The *Family Educational Rights and Privacy Act (FERPA)*, a Federal law, requires that school districts, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, districts may disclose appropriately designated "directory information" without written consent, unless you have advised the district to the contrary in accordance with district procedures. The primary purpose of directory information is to allow the school district to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965 (ESEA)* to provide military recruiters, upon request, with three directory information categories – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.¹

If you do not want Florence Unified School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing within two weeks of the start of school or, if transferring into the district, within two weeks of registration. F.U.S.D. has designated the following information as directory information:

- Student's name
- Photograph
- Grade level
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Honors and awards received

¹ These laws are: Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. § 7908), as amended and 10 U.S.C. § 503(c), as amended.



FLORENCE UNIFIED SCHOOL DISTRICT NO. 1



PROGRAMS/POLICIES ACKNOWLEDGEMENT FORM

SCHOOL: FHS MVA PBHS STFHS
(Circle One)

DATE:		SCHOOL YEAR:	2019-2020
STUDENT NAME:		GRADE:	
STUDENT SIGNATURE:			
PARENT NAME:			
PARENT SIGNATURE:			
CONTACT NUMBER:			

The following policies/guidelines have been provided to you and your child. Please initial to acknowledge your receipt and understanding of the information. Student and Parent acknowledgement is required.

1. Code of Conduct Acknowledgement	Parent Initials	Student Initials
I have been provided a copy of the F.U.S.D. Student Code of Conduct for the school year. I am aware of its contents and understand that my child is expected to follow all district and school rules. Included in the Code of Conduct is HB 2476.		
	Parent Consent	Parent Refusal
House Bill 2476 -student confinement- Confinement is defined as leaving a student alone in an enclosed space. FUSD has chosen not to use "confinement" as a disciplinary method. However, this method is useful for safety or therapeutic reasons when students pose imminent physical harm to themselves or others. If the district is compelled to use this method for the safety of your child or others or for therapeutic reasons, parent (s) will be notified as soon as possible. Additional details on HB 2476 are available on our District website.		
2. Student Acceptable Use Policy for Technology Acknowledgement	Parent Initials	
As a parent or guardian of this student, I have read this policy and understand it. I acknowledge that, although the Florence Unified School District uses Internet filters and firewalls to restrict inappropriate material, it is impossible to block access to all controversial materials. I will not hold the District responsible for materials acquired by use of the information services. I also agree to report any misuse of the information services to a school district administrator. Misuse may come in many forms, but can be viewed as any message sent or intentionally received that indicates or suggests pornography, unethical or illegal solicitations, racism, sexism, inappropriate language, or other issues described in the policy.		
	Student Initials	
I have read and understand the FUSD Student Acceptable Use Policy for Technology. I will not break any of the rules. If I am not sure whether it is okay to do something on the computer, I will ask the teacher, librarian, counselor, principal or technical staff. I understand that if I don't follow these rules, I may not be allowed to use the computer anymore, and/or I may be disciplined according to school policy.		
3. Florence Student Handbook Acknowledgement	Parent Initials	Student Initials
I have been provided a copy of the Florence Schools Student Handbook for this school year. I am aware of its contents and understand that my child is expected to follow all district and school policies outlined in the handbook.		
4. FERPA Acknowledgement / Directory Information	Parent Initials	
I understand that FUSD adheres to the Family Educational Rights and Privacy Act (FERPA), which governs the types of student information that can be released without prior written consent from parents (directory information), including: student's name, photograph, grade level, honors and awards, and participation in school activities and sports. I can access the current FERPA Notification of Rights and Notice for Directory Information with a link found at the bottom of every K-8 and District website home page, or I may obtain hard copy of the notifications at the school administrative office. I understand that if I do not want FUSD to disclose part or all of the directory information for my child I must notify the District in writing, on a separate letter, within two weeks of registration.		
	Letter Attached (School Use)	
	YES	NO
5. Open Enrollment / Out-of-District Enrollment	In-Boundary Parent Initials	Out-of-Boundary Parent Initials
FUSD offers Open Enrollment/Out-of-District Enrollment depending on the capacity limit established for the school and/or its grade levels. The parent affirms that the student will abide by the rules, standards, and policies of the school and the District if enrolled. Failure to abide by the rules, standards and policies of the school and the District will result in revocation of open enrollment privileges. The parent has met with the Administration to review these standards and sign any applicable behavior contract. Transportation for the student is the responsibility of the parent/guardian.	Not Applicable. My child resides inside school boundaries.	
OFFICE USE		
SM Entry Date / CUM File		



Florence Unified School District #1
Student Annual Medical Information Form

(Copy to Health Office)

STUDENT/PARENT INFORMATION			
Child's Legal Name:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>		
Physical Address:	Date of Birth: / /	Grade:	
Mother/Step/Guardian Name:			
Home Phone: ()	Work Phone: ()	Cell Phone: ()	
Father/Step/Guardian Name:			
Home Phone: ()	Work Phone: ()	Cell Phone: ()	
Father/Mother/Step/Guardian Email Address: @			
Child resides with: () Both Parents () Mother () Father () Guardian			

PHYSICIAN INFORMATION	
<i>Please list the name of a physician to be called in case your child becomes ill or has an accident and you cannot be reached.</i>	
Physician Name:	Phone Number: ()

EMERGENCY CONTACT INFORMATION			(must be 18 year of age or older)
<i>Please provide 3 individuals who will assume responsibility of your child in case of illness or accident until you are reached.</i>			
Name	Relationship	Phone Numbers (H)ome, (W)ork, (C)ell	
1.		(H)	(W) (C)
2.		(H)	(W) (C)
3.		(H)	(W) (C)

MEDICAL HISTORY	YES	NO
Has your child had the Chicken Pox?		
Does your child wear glasses or contacts?		
Medical condition your child is being treated for: (circle) NONE Asthma Diabetes Heart Seizures Hearing Loss		
Other Medical conditions:		
Medication taken and why:		
Severe allergies and their symptoms:		
Other allergies:		
Information which will help us understand your child physically and emotionally:		

OVER-THE-COUNTER MEDICATIONS			
Occasionally your child may need an over-the-counter medication, of which, the Health Office maintains a limited supply. Please indicate below any listed medications your child may receive during the school day. (Medication will be administered at the nurse's discretion. Dosage will be consistent with the child's weight and/or age as indicated on the medication package). An OTC medication taken daily needs a doctor's consent. Physician forms can be picked up at the Health Office.			
OK to give ALL	NO medication to be given	Only circled items to be given	
Acetaminophen (Tylenol)	Ibuprofen (Motrin)	Orajel (toothache)	Antibiotic Ointment (cuts)
Cortisone Cream (itch)	Tums (antacid)	Eye Drops	Thermo Lotion (muscle soreness)
Diphenhydramine (Benadryl)	Caladryl (insect bites)	Cough Drops	

I, the undersigned, do hereby authorize the school nurse or principal's designee to give the medication checked above to my child and do hereby authorize officials of Florence Unified School District to contact directly the persons named above and do authorize the named health providers to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event that persons named on the school registration form cannot be contacted school officials are hereby authorized to take whatever action deemed necessary, in their judgment, for the health of the said child. In case of serious illness, your child will be taken to the closest hospital by ambulance, if necessary, and emergency treatment will be provided until parent or legal court ordered guardian can be contacted. Any expenses for emergency transportation and/or treatment shall be the responsibility of the parent or legal court-ordered guardian.

Parent/Guardian Name (print): _____
 Parent/Guardian Signature: _____
 Date: _____



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REQUEST FOR OFF CAMPUS PERMISSION

Florence High School Poston Butte High School San Tan Foothills High School

Student Name:	
Grade:	
School Year:	
Reason (lunch, seminary, etc.):	

PARENTS PLEASE NOTE:

Permission to leave the school campus is a **PRIVILEGE** that may be extended to High School students as long as they exercise good school citizenship. Florence Unified School District No.1 maintains a closed campus but provides that a student with parental permission and **ADMINISTRATIVE APPROVAL** may leave the school campus **ONLY** during a **PRE-APPROVED** designated time. Off campus privileges are granted by school administration in context and in accordance with each school's individual student performance incentive program.

BEFORE REQUESTING PERMISSION, GIVE CAREFUL CONSIDERATION TO THE FOLLOWING:

1. Students are supervised while on school premises.
2. Tutorial centers, guidance and counseling services, quiet study, library services, and recreational areas are available to students during the lunch hours.
3. Nutritionally balanced lunches are available in school.

Parents should consider other personal factors before granting off-campus permission. In granting this permission, the parents agree that they are responsible for students' whereabouts, conduct and welfare while away from campus.

OFF CAMPUS PERMISSION IS A PRIVILEGE, NOT A RIGHT! IT MAY BE REVOKED BY THE STUDENT'S PARENT OR ADMINISTRATOR AT ANY TIME.

Listed below are **SOME** examples of why off campus permission may be revoked:

1. Failure to demonstrate overall good school citizenship.
2. Any misconduct or attendance problem related to the off-campus privilege.
3. Presence at another school without permission while off-campus.
4. Poor academic performance requiring extra instructional assistance.
5. Any reason which leads the student's parent or administrator to feel that it is not in the student's best interest to retain this privilege.
6. Student accumulates more than 4 tardies for the class after the lunch period.
7. Student accumulates more than 3 class trancies per semester.

Parents may revoke permission to leave campus during lunch by contacting the student's administrator.

AS A PARENT/GUARDIAN, I HAVE CAREFULLY READ THE CONDITIONS ABOVE AND AGREE TO THE REQUIREMENTS STATED. I GIVE MY PERMISSION FOR MY STUDENT TO BE OFF CAMPUS FOR THE DESIGNATED REASON. Please include phone and email contact information for verification and confirmation purposes.

Parent /Guardian Name: (please print) Parent/Guardian Signature date

Parent/Guardian Signature: _____ Date: _____

AS THE STUDENT, I HAVE READ THE ABOVE OFF CAMPUS RULES AND AGREE TO ABIDE BY THEM AND ACT RESPONSIBLY. I UNDERSTAND THAT IF I DO NOT HAVE MY I.D., I MAY NOT GO OFF CAMPUS THAT DAY. I WILL CHECK-OUT AND CHECK-IN AT THE FRONT OFFICE IF I LEAVE CAMPUS.

Student Signature: _____ Date: _____



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Helpful Parent/Student Information

Acceptable Use Policy for Technology

This policy is available online and outlines the acceptable use of the technology available in the Florence Unified School District. Students must adhere to the policy outlined to use the technology that is available. Parents and students will acknowledge receipt, understanding and compliance on the Program/Policies Acknowledgement Form included in this packet.

Cafeteria Menus

If you would like to view a copy of the monthly breakfast and lunch menus provided by our cafeteria, please visit our Food Service Department on the website at www.fusdaz.org.

ParentVue

ParentVue offers "real time" student information for grades, attendance and more. Each parent will have their own username and password and so will the students making the site more secure. Parents with multiple students enrolled will see all their children in a drop down menu so they can toggle between each without having to login and logout again to view each child's grades.

School Calendar

The current school year calendar is available online and reflects school days, early release days and days when school will not be in session. If you need an additional copy, this annual calendar is maintained on the Florence Unified School District website at www.fusdaz.org.

School Website

Our school's website is updated regularly and contains event updates, parent/student reminders, staff information, calendar of events, athletics, newsletters, and various helpful documents, as well as, other valuable resources. We encourage you to check the website regularly to stay informed about event occurring on campus.

Tax Credit Donations

Arizona State Law allows taxpayers to donate up to \$400 per household (\$200 for single taxpayers and head of household; \$400 for a married couple filing a joint return) of their state taxes to public schools to support extracurricular activities. Your donations reduce the costs of school sponsored activities for students. You do not have to have a student at F.U.S.D. or any other public school to take advantage of this tax break. Tax Credit Donations can easily and quickly be processed online at: <https://payment.fusdaz.org>. You will need your child's student ID number or sign-in as a guest if you do not have a child in our District. Tax Donation forms are also available in the school's front office. Any payments submitted without this form are NOT a tax credit donation.

FUSD Mobile App

The Florence Unified School District is proud to offer a 100% free mobile phone app for parents. This app allows you to track grades, keep up with school news, check bus information, cafeteria information, pay fees and much more. It is the one stop shop for parents of students in our district. To download, simply search, "Florence Unified School District" in the app store or google play store and download today. Once you have downloaded the app, email info@fusdaz.org with your name, your student's name, and the school(s) he/she attends for your username and password.