



Salome Elementary School
Escuela Primaria Consolidada Salome

Enrollment Form/FY _____
Formulario de inscripción

Student Information/ Información del estudiante

Last Name/Apellido _____ First Name/Nombre _____
Middle Name/Segundo Nombre _____ Legal Last Name/Apellido Legal _____
Gender/Género _____ Grade/Grado _____
Date of Birth/Fecha de Nacimiento _____
Birth City/Ciudad Natal _____ Birth State/Estado de nacimiento _____
Birth Country/País de nacimiento _____

Mailing Addressed To/ Correo Dirigido a _____
Mailing Address/Dirección de envío _____
Physical Address/Dirección física _____
City/State/Zip Code -Ciudad/Estado/Código Postal _____

Phone Number/Numero de telefono _____
Parent E-mail/Correo electrónico de los padres _____

Programs Previously Enrolled/Programas previamente inscritos:

Special Education _____ Speech/Language _____ Gifted Program _____ ELL _____ Other _____
Educación especial _____ Clases Oratorias/De Lenguaje _____ Programa de superdotados _____ Otros _____

*Previously enrolled in Arizona School Yes _____ No _____
Anteriormente matriculado en la escuela de Arizona Si _____ No _____

Home Language Survey/Encuesta sobre el idioma del hogar

What is the primary language used in the home regardless of the language spoken by the student? *Cuál es el idioma principal que se utiliza en el hogar independientemente del idioma que hable el estudiante?* _____

What is the language most often spoken by the student? *Cual es el idioma que más habla el estudiante?* _____

What is the language that the student first acquired? *Cual es el idioma que el estudiante adquirio por primera vez?* _____

Family Information/ Informacion de familia

Male Parent/Guardian-Padre/Guardian _____ Cell/Movil _____
Employer/EI Empleador _____ Work Phone/Teléfono del Trabajo _____

Female Parent/Guardian-Padre/Guardian _____ Cell/Movil _____
Employer/EI Empleador _____ Work Phone/Teléfono del Trabajo _____



SALOME ELEMENTARY SCHOOL

Emergency Contact/Contacto de Emergencia

Emergency Contact/Contacto de

Emergencia

Emergency Phone/Teléfono de Emergencia

**Medical Allergies/Health Alert-Alergias Médicas/Salud
Alerta**

I hereby grant emergency permission to the Salome Consolidated Elementary School District to take my child to the nearest emergency facility for treatment, in the event that I cannot be reached. It is understood that the school will attempt to contact parents and other persons mentioned before arranging transport to an emergency center.

To the best of my knowledge, the information I have provided on this form is accurate and true. I hereby certify that I am the parent (with legal custody, if separated or divorced) or legal guardian of the student named above.

Por la presente doy permiso de emergencia al Distrito Escolar Primario Consolidado de Salome para llevar a mi hijo al centro de emergencia más cercano para recibir tratamiento, en caso de que no me puedan localizar. Se entiende que la escuela intentará ponerse en contacto con los padres y otras personas mencionadas antes de organizar el transporte a un centro de emergencia.

Hasta donde yo sé, la información que he proporcionado en este formulario es precisa y verdadera. Por la presente certifico que soy el padre (con custodia legal, si está separado o divorciado) o tutor legal del estudiante mencionado anteriormente.

Signature/Firma

Date/Fecha

MAILING TITLE/TÍTULO DE ENVÍO

For School Office Use Only - Para uso de oficina

Date of Entry _____

Entry Code _____

***SAIS Number:** _____ (if previously enrolled in AZ School)

RACE and ETHNICITY DATA COLLECTION FORM

In accordance with federal guidance, a two-part question must be used to collect data about student race and ethnicity. The first part of the question is on ethnicity and the second is on race. The race question can have multiple values.

Child's Name _____ Date _____

Parent/Guardian Signature _____

Race/Ethnicity Two-Part Question: Answer BOTH questions.

The order of the questions is important. The ethnicity question must be asked first, and both questions must be answered.

PART 1: ETHNICITY: Is this student(or is the respondent) Hispanic or Latino? (choose only one)

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American or other Spanish culture or origin, regardless of race.)

PART 2: RACE: What is the student's (or respondent's) race?

(Regardless of how respondent answered the first question, choose one or more)

- ☐ American Indian or Alaska Native (A person having origins in any of the original tribal peoples of North and South America, including Central America, and who maintains affiliation or community attachment)
- ☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.)
- ☐ Black or African American (A person having origins in any of the black racial groups of Africa)
- ☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

FORMULARIO DE RECOPIACIÓN DE DATOS DE RAZA Y ETNICIDAD

De acuerdo con la guía federal, se debe utilizar una pregunta de dos partes para recopilar datos sobre la raza y el origen étnico de los estudiantes. La primera parte de la pregunta trata sobre el origen étnico y la segunda sobre la raza. La pregunta racial puede tener múltiples valores.

Nombre del Estudiante _____ Fecha _____

Firma del Padre /El Guardian _____

Pregunta de dos partes sobre raza/etnia: responda AMBAS preguntas.

El orden de las preguntas es importante. Primero se debe plantear la cuestión étnica y se deben responder ambas preguntas.

PARTE 1: ETNICIDAD: ¿Es este estudiante (o el encuestado) hispano o latino? (elige sólo uno)

- ☐ No, ni hispano ni latino
- ☐ Sí, hispano o latino (una persona de cultura u origen mexicano, puertorriqueño, cubano, sudamericano o centroamericano u otra cultura u origen español, independientemente de su raza).

PARTE 2: RAZA: ¿Cuál es la raza del estudiante (o del encuestado)?

(Independientemente de cómo respondió el encuestado a la primera pregunta, elija una o más)

- ☐ Indio americano o nativo de Alaska (una persona que tiene orígenes en cualquiera de los pueblos tribales originales de América del Norte y del Sur, incluida América Central, y que mantiene afiliación o vínculo comunitario)
- ☐ Asiático (una persona que tiene orígenes en cualquiera de los pueblos originales del Lejano Oriente, el Sudeste Asiático o el subcontinente indio, incluidos, por ejemplo, Camboya, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.)
- ☐ Negro o afroamericano (una persona que tiene orígenes en cualquiera de los grupos raciales negros de África)
- ☐ Nativo de Hawái u otra isla del Pacífico (una persona que tiene orígenes en cualquiera de los pueblos originales de Hawái, Guam, Samoa u otras islas del Pacífico).
- ☐ Blanco (una persona que tiene orígenes en cualquiera de los pueblos originales de Europa, Medio Oriente o el norte de África).



Arizona Department of Education
Arizona Residency Documentation Form

Student _____ School Salome Elementary School

School District or Charter Holder Salome Consolidated Elementary School Dist No. 30

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 Arizona Address Confidentiality Program authorization card
- ☐ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- ☐ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- ☐ Temporary on-base billeting facility (for military families)
- ☐ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- ☐ 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. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



Departamento de Educación de Arizona
Formulario de Documentación de Residencia en Arizona

Nombre del Estudiante _____ Nombre de Escuela Salome Elementary School

Distrito Escolar o Escuela Chárter Salome Consolidated Elementary School Dist No. 30

Padre/Tutor Legal _____

Como el padre del estudiante o representante legal, doy fe de que soy residente del estado de Arizona y presento como prueba de esta declaración copia del siguiente documento que muestrami nombre y la dirección residencial o la descripción física de la propiedad donde reside el estudiante:

- ___ Licencia de conducir valida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
- ___ Tarjeta vigente del Programa de Confidencialidad de Dirección de Arizona.
- ___ Escritura inmobiliaria o documentos de hipoteca
- ___ Recibo de pago de impuestos sobre la propiedad
- ___ Contrato de renta de casa/residencia
- ___ Factura de cuenta sobre el uso de agua, electricidad, gas. Cable de TV, o teléfono
- ___ Factura de tarjeta de crédito o de banco
- ___ Copia de la forma W-2 sobre declaración de ingresos
- ___ Talón del cheque de paga
- ___ Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
- ___ Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.
- ___ Tarjeta de identificación consular emitida por un gobierno extranjero como forma válida de identificación si el gobierno extranjero utiliza técnicas de verificación biométrica al emitir la tarjeta de identificación consular.
- ___ Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.
- ___ Instalación temporal de alojamiento en la base (para familias militares)

Firma del Padre/Custodio legal

Fecha

AUTHORIZATION FOR RELEASE OF INFORMATION/RECORDS
AUTORIZACIÓN PARA LA DIVULGACIÓN DE INFORMACIÓN/REGISTRO

Student's Name _____ (Nombre del estudiante)	Date Pre-Enrolled _____ (Fecha de preinscripción)
Date of Birth _____ (Fecha de nacimiento)	Date Enrolled _____ (Fecha de inscripción)
	Grade _____ (Grado)

School Last Attended _____ (Escuela a la que asistió por última vez)	Name of School _____	
	School Address _____	
	City, State, Zip _____	

This is your authorization to release to Salome Elementary School those medical records, psychological reports, test results and evaluations you have regarding the health, welfare, and educational progress of the above named student. If these have been sent to another school, please forward this request to that school. This information will be held in the strictest of confidence. If you have any questions please give us a call here at the school at (928) 859-3339.

Esta es su autorización para divulgar a la Escuela Primaria Salome aquellos registros médicos, informes psicológicos, resultados de pruebas y evaluaciones que tenga con respecto a la salud, el bienestar y el progreso educativo del estudiante mencionado anteriormente. Si estos se han enviado a otra escuela, envíe esta solicitud a esa escuela. Esta información se mantendrá en la más estricta confidencialidad. Si tiene alguna pregunta, llámenos aquí en la escuela al (928) 859-3339.

Thank you.

PLEASE SEND ALL RECORDS TO: Salome Elementary School
Attn: School Secretary
P.O Box 339
Salome, AZ 85348
Fax: (928) 859-3085 Phone: (928) 859-3339

This will constitute my consent for the above requested records to be released to Salome Elementary School.
(Esto constituirá mi consentimiento para que los registros solicitados anteriormente se entreguen a la Escuela Primaria Salome)

Parent/Guardian _____
(Madre/Padre/Guardiana)
City, State, and Zip _____
(Ciudad, estado y código postal)

FOR OFFICE USE (Para uso de oficina)

First Request Sent _____

Second Request Sent _____



Arizona Department of Education
Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student *first* speak or understand?

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.
In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 05-2023)



Arizona Department of Education
Office of English Language Acquisition Services

Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA). Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse antes de que el estudiante tome el Examen AZELLA.

1. ¿Qué idioma hablan las personas en el hogar *la mayoría* del tiempo?

2. ¿Qué idioma habla el estudiante *la mayoría* del tiempo?

3. ¿Qué idioma habló o entendió el estudiante *primero*?

Nombre del estudiante _____		Distrito _____	
Fecha de nacimiento _____		Núm. de identificación _____	
Firma del padre o tutor _____		SSID _____	
Distrito o Charter _____		Fecha _____	
Escuela _____			

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

In AzEDS, please enter all three HLS responses.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 05-2023)

Student Records Parent Signature Page

J-7082 © JR-EB

STUDENT RECORDS

DESIGNATION OF DIRECTORY INFORMATION

During the school year, District staff members may compile non-confidential student directory information specified below.

According to state and federal laws the below-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. If the Governing Board permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by the law the District is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. If you do not object to the release of any and all of the below-designated information in writing, then the District must provide military recruiters, upon request, directory information containing the student's names, addresses and telephone listings.

If you do not want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior signed and dated written consent, you must notify the District in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the Principal, with two (2) weeks of receiving this form. If the School District does not receive this notification from you within the prescribed time, it will be assumed that your permission is given to release your son/daughter's designated directory information.

TO: Principal

I do not want **any or all** of the information I have ☒ below concerning (student's name) _____ designated as directory information and released to any person or organization without my prior written consent:

- | | |
|--------------------------|--|
| ☐ | Name |
| ☐ | Telephone listing |
| ☐ | Date and place of birth |
| ☐ | Dates of attendance |
| ☐ | Honors and awards received |
| ☐ | Enrollment status (e.g., part time or full time) |
| ☐ | Weight and height of members of athletic teams |

- | | |
|--------------------------|--|
| ☐ | Address |
| ☐ | Electronic mail address |
| ☐ | Photograph |
| ☐ | Grade level |
| ☐ | Major Field of study |
| ☐ | Participation in officially recognized activities and sports |
| ☐ | Most recent educational agency or institution attended |

(Parent/guardian signature)

(Date)

*****ESTE DOCUMENTO ES SÓLO COMO GUÍA DE AYUDA.
DEBES LLENAR EL OTRO LADO DE INGLÉS*****

**EXPEDIENTES DEL ESTUDIANTE (STUDENT RECORDS)
DESIGNACIÓN DE INFORMACIÓN DEL DIRECTORIO**

Durante el año escolar, los miembros del personal del distrito pueden recopilar información no confidencial del directorio de estudiantes que se especifica a continuación.

De acuerdo con las leyes estatales y federales, la información del directorio designado a continuación puede divulgarse públicamente a representantes de reclutamiento educativo, ocupacional o militar sin su permiso. Si la Junta Directiva permite la divulgación de la información del directorio designada a continuación a personas de organizaciones que informan a los estudiantes sobre oportunidades educativas u ocupacionales, por ley se requiere que el Distrito proporcione el mismo acceso sobre la misma base a los representantes oficiales de reclutamiento militar para el propósito de informar a los estudiantes sobre las oportunidades educativas y ocupacionales disponibles para ellos, a menos que usted solicite por escrito que la escuela no divulgue la información del estudiante sin su consentimiento previo por escrito, firmado y fechado. Si no se opone a la divulgación por escrito de toda la información designada a continuación, entonces el Distrito debe proporcionar a los reclutadores militares, previa solicitud, información del directorio que contenga los nombres, direcciones y listados telefónicos del estudiante.

Si no desea que parte o toda la información designada a continuación sobre su hijo/hija se divulgue a cualquier persona u organización sin su consentimiento previo por escrito, firmado y fechado, debe notificar al Distrito por escrito marcando cualquiera o todos los la información rechazada, firmando el formulario al final de esta página y devolviéndole al Superintendente, dentro de las dos (2) semanas posteriores a la recepción de este formulario. Si el Distrito Escolar no recibe esta notificación suya dentro del tiempo prescrito, se asumirá que ha otorgado su permiso para divulgar la información del directorio designado de su hijo/hija.

PARA: Superintendente

NO quiero ninguna o toda la información que he verificado a continuación sobre
(Nombre del estudiante) _____ OTRO LADO _____ designado como información de
directorío y divulgado a cualquier persona u organización sin mi consentimiento previo por escrito.

*******MARQUE ESTAS CASILLAS EN EL OTRO LADO (EL LADO INGLÉS)**

☐ Nombre
☐ Listado de teléfonos
☐ Fecha y lugar de nacimiento
☐ Fechas de asistencia
☐ Honores y premios recibidos
☐ Estado de inscripción (por ejemplo, tiempo parcial o tiempo completo)
☐ Peso y altura de los miembros de equipos deportivos

☐ Nombre
☐ Listado de teléfonos
☐ Fecha y lugar de nacimiento
☐ Fechas de asistencia
☐ Honores y premios recibidos
☐ Estado de inscripción (por ejemplo, tiempo parcial o tiempo completo)
☐ Peso y altura de los miembros de equipos deportivos

(Parent/guardian signature)

(Date)

Medication Permit (Permiso Para Administrar Medicamento)

Student (Estudiante) _____ DOB _____ Grade(Grado) _____

Medication (Medicamento) _____

Time(s) to be given (Hora(s) del día a ser dado) _____ as prescribed by (según lo prescribe) _____

I authorize: _____ School Nurse (May include Substitute)

Yo autorizo a _____ (Nombre) _____ Enfermera Escolar (puede incluir una persona substituta)

I authorize: _____ Health Assistant (May include Substitute)

Yo autorizo a _____ (Nombre) _____ Ayudante de enfermera (puede incluir una persona substituta)

Or (o) _____ Title (Título) _____

Or (o) _____ Title (Título) _____

I authorize persons designated for field trips SCES employee or principal's designee to be my agent to give the above medication to my child.

Autorizo a las personas designadas para las excursiones, a los empleados de SCES o a la persona designada por el director, que sean mis apoderados para administrarle el medicamento antedicho a mi hijo/a.

Parent/Guardian Initials / Iniciales del Padre /Tutor (a) Legal

Date /Fecha

I give the School Nurse permission to discuss my child's medication with the above named Physician or Pharmacy.

Doy mi permiso a la Enfermera Escolar para que discuta el medicamento de mi hijo(a) con el médico nombrado anteriormente.

Parent/Guardian Initials / Iniciales del Padre / Tutor (a) Legal

Date /Fecha

Parent Instructions & Statement of Understanding

1. This medication is to be furnished by parent or legal guardian and is to be labeled in the original prescription bottle, with the student's name, name of medication, amount to be given, time of day to be given, and name of Physician
2. The School Nurse must be notified by the primary care provider of any changes in medication, dose or time to be given
3. In the absence of the School Nurse, a District employee who has been designated by the parents as their agent (see above) may administer the medicine. This agent is performing a ministerial function only.
4. The parent agrees to provide an extra properly labeled prescription bottle when needed for field trips. If an extra prescription bottle is not provided, health office staff will send the school bottle with its entire contents unless other arrangements are made.

Instrucciones para Padres y Declaración de Entendimiento

1. Este medicamento debe ser proporcionado por los padres o tutores legales y debe tener el marbete de la botella original de prescripción, que incluya el nombre del estudiante, nombre del medicamento, cantidad a ser administrada, hora del día a ser dado, y el nombre del médico.
 2. Se le debe dar aviso a la Enfermera Escolar de parte del proveedor principal de la atención médica, de cualquier cambio de medicamento, dosis u hora del día a ser administrado.
 3. Al estar ausente la Enfermera Escolar, un empleado del Distrito, quien haya sido designado por los padres como su agente (véase arriba) puede administrar el medicamento. Este agente está desempeñando una función ministerial solamente.
 4. Los padres están de acuerdo de proporcionar una botella adicional de prescripción con el marbete apropiado cuando sea necesario para las excursiones. Si no se ha proporcionado una botella adicional del medicamento, el personal de la oficina de salud mandará la botella con todo su contenido a menos que se hagan otros.
- I have read and understand the Statement of Understanding. He leído y entiendo la Declaración de Entendimiento.

Parent/Guardian Signature /firma de Padre/Madre/Tutor(a) Legal

Date /Fecha

Signature below For Physicians ONLY

Physician's Signature **Needed only if medication is injected **

Date /Fecha

Firma de la Médico **Se necesita sólo si el medicamento es inyectado**

We ask for each parent to provide a note from your child's doctor if they are allergic to anything such as: *milk, eggs, fish, wheat, peanuts, tree nuts, pollen, medication, latex, celery, cereals containing gluten (such as wheat, barley and oats), mustard, tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts).*

This note must be turned in to the front office.

Le pedimos a cada padre que proporcione una nota del médico de su hijo si es alérgico a algo como: *leche, huevos, pescado, trigo, maní, nueces, polen, medicamentos, látex, apio, cereales que contienen gluten (como el trigo o avena), mostaza, frutos secos (como almendras, avellanas, nueces, nueces de Brasil, anacardos, pecanas, pistachos y nueces de macadamia).*

Esta nota debe entregarse en la oficina principal.



Salome Consolidated Elementary School Dist. No 30

15-807 Absence from school

15-807. Absence from school; notification to the parent or person having custody of the student; immunity, excused absence

A. If a student in a kindergarten program or in any of grades one through eight is absent from school without excuse as provided in this article or without notifying the school in which the student is enrolled of the authorization of the absence on the part of the parents or another person, person who has custody of the student, the school in which the student is enrolled will make a reasonable effort to telephone and immediately notify the parent or other person who has custody of the student of the student's absence from school:

1. Within two hours of the first class in which the student is absent for a student in a kindergarten program or in any of grades one through six.

2. Within two hours after the first class in which the student was absent for a seventh or eighth grade student if the first class in which the student was absent is the first class of the school day.

3. Within five hours after the first class in which the student is absent for a seventh or eighth grade student if the first class in which the student is absent is after the first class of the student's school day.

B. On or before the enrollment of a pupil in a program in kindergarten or in any of grades one through eight, the school district will notify the parents or other person having custody of the pupil:

1. The responsibility of the parent or other person to authorize any student's absence from school and to notify the school in which the student is enrolled in advance or at the time of any absence.

2. That the school district requires the parent or other custodial person to provide at least one telephone number, if available, for the purposes of this section. The school district will require that the telephone number, if available, be provided at the time of the student's enrollment in school and that the school of enrollment be immediately notified of any change in the telephone number.

C. A school district, members of the governing board of a school district, and employees or agents of a school district are not responsible for failing to notify the parent or other person having custody of a pupil of the pupil's absence from school, the school as provided in this section.

D. When identifying excused absences pursuant to section 15-901, subsection A, paragraph 1, the department of education shall identify an absence due to a pupil's mental or behavioral health as an excused absence. The department may adopt guidelines and rules for the purposes of this subsection, including determining what constitutes an absence due to a student's mental or behavioral health of a pupil.

By signing below I consent that I have read this piece of information and will abide by all that is being stated.

Student _____ Grade _____

Student Signature _____

Parent/Guardian Signature _____ Date _____

Sign/date and return to the office



Salome Consolidated Elementary School Dist. No 30

15-807 Ausencia de la escuela

15-807. Ausencia de la escuela; notificación al padre o persona que tiene la custodia del alumno; inmunidad, ausencia justificada

A. Si un alumno en un programa de jardín de infantes o en cualquiera de los grados uno al octavo está ausente de la escuela sin excusa según lo dispuesto en este artículo o sin notificar a la escuela en la que está matriculado el alumno de la autorización de la ausencia por parte de los padres u otra persona que tiene la custodia del alumno, la escuela en la que está matriculado el alumno hará un esfuerzo razonable para llamar por teléfono y notificar de inmediato al padre u otra persona que tiene la custodia del alumno sobre la ausencia del alumno de la escuela:

1. Dentro de las dos horas posteriores a la primera clase en la que el alumno está ausente para un alumno en un programa de jardín de infantes o en cualquiera de los grados del primero al sexto.

2. Dentro de las dos horas posteriores a la primera clase en la que el alumno estuvo ausente para un alumno de séptimo u octavo grado si la primera clase en la que el alumno estuvo ausente es la primera clase del día escolar.

3. Dentro de las cinco horas posteriores a la primera clase en la que el alumno está ausente para un alumno de séptimo u octavo grado si la primera clase en la que el alumno está ausente es después de la primera clase del día escolar del alumno.

B. En o antes de la inscripción de un alumno en un programa de jardín de infantes o en cualquiera de los grados uno al octavo, el distrito escolar notificará a los padres u otra persona que tenga la custodia del alumno:

1. De la responsabilidad de los padres u otra persona de autorizar cualquier ausencia del alumno a la escuela y de notificar a la escuela en la que está matriculado el alumno con antelación o en el momento de cualquier ausencia.

2. Que el distrito escolar requiere que el padre u otra persona que tenga la custodia proporcione al menos un número de teléfono, si está disponible, para los fines de esta sección. El distrito escolar exigirá que el número de teléfono, si está disponible, se proporcione al momento de la inscripción del alumno en la escuela y que se notifique de inmediato a la escuela de inscripción de cualquier cambio en el número de teléfono.

C. Un distrito escolar, los miembros de la junta directiva de un distrito escolar y los empleados o agentes de un distrito escolar no son responsables por no notificar a los padres u otra persona que tiene la custodia de un alumno sobre la ausencia del alumno de la escuela según lo dispuesto en esta sección.

D. Al identificar ausencias justificadas de conformidad con la sección 15-901, subsección A, párrafo 1, el departamento de educación identificará una ausencia debido a la salud mental o conductual de un alumno como una ausencia justificada. El departamento puede adoptar pautas y reglas para los propósitos de esta subsección, incluida la determinación de qué constituye una ausencia debido a la salud mental o conductual de un alumno.

Al firmar a continuación, doy mi consentimiento para haber leído esta información y cumpliré con todo lo que se indica.

Estudiante _____ Grado _____

Firma del estudiante _____

Firma de padre/guardián _____ Fecha _____

Firma/fecha y regresar a la oficina



Student Residency Questionnaire (SRQ)

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq. Please note, false claims about living situations may affect enrollment.

Section A

Today's date: _____

Name of individual completing this form: _____

Your telephone number: _____ Your email address: _____

Student name: _____

Last school attended: _____ Current grade: _____ Birth date: _____

Do you have additional children attending school in our district? Yes ☐ No ☐

Do you have children of the preschool age? Yes ☐ No ☐

Please provide information about additional children attending school in our district or of preschool age.

Last Name	First Name	Grade	School	District

Address of where the student slept last night: _____

Is this address based on a temporary living arrangement? Yes ☐ No ☐

(Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship, or similar reason; car; park; campsite.)

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.

Section B

Name of the parent/guardian/adult caring for the student: _____

Relationship to the student: _____

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes ☐ No ☐

Please place an "X" in each box that best describes where the student sleeps at night. ☐ In a place that does not have windows, doors, running water, heat, electricity, or overcrowded

- ☐ Staying with a friend or relative because of loss of housing, economic hardship, or similar reason (Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

What date did you begin staying here? _____

- ☐ In a shelter/transitional housing program (name of agency): _____

What date did you begin staying here? _____

- ☐ In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place) Provide the main cross streets of this unsheltered location: _____

- ☐ In a hotel/motel (name of hotel/motel & address) _____

What date did you begin staying here? _____

- ☐ With an adult that is not a parent or court appointed legal guardian

- ☐ Alone, not in the care of a parent or court appointed legal guardian

- ☐ None of the above (Please explain): _____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

Signature of Person Providing Information Date
Parent/Legal guardian/Caregiver/Student

For School Use Only

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: _____ Please

check the housing types that apply:

Sheltered ☐ Doubled-up ☐ Unsheltered/FEMA/Substandard Date received by Homeless Liaison

☐ Hotel/Motel ☐ Unaccompanied youth: Yes ☐ No ☐ _____

Transportation to school of origin needed: Yes ☐ No ☐

Homeless
Education
Program



cuestionario de residencia estudiantil (SRQ) de ADE

La información contenida en este formulario es confidencial y se utiliza para determinar si un niño o joven cumple con la definición de persona sin hogar según la Ley McKinney-Vento. El programa de Educación para niños y jóvenes sin hogar (EHCY) según lo autorizado en virtud del Título VII-B de la Ley McKinney-Vento de asistencia a las personas sin hogar (42 U.S.C. 11431 et seq. Tenga en cuenta que las afirmaciones falsas sobre situaciones de vida pueden afectar la inscripción.

Sección a

Fecha: _____

Nombre de la persona que completa este formulario: _____

Su número de teléfono: _____ Su dirección de correo electrónico: _____

Nombre del estudiante: _____

Última escuela a la que asistió: _____ Grado actual: _____ Fecha de nacimiento: _____

¿Tiene niños adicionales que asisten a la escuela en nuestro distrito? Sí ☐ No ☐

¿Tienes hijos en edad preescolar? Sí ☐ No ☐

Proporcione información sobre niños adicionales que asisten a la escuela en nuestro distrito o en edad preescolar.

Apellido	Nombre de pila	Calificación	Escuela	Distrito

Dirección donde durmió el estudiante anoche: _____

¿Esta dirección se basa en un acuerdo de vivienda temporal? Sí ☐ No ☐

(Ejemplos: hotel; refugio; vivienda de transición; compartir la vivienda de otros debido a la pérdida de la vivienda, dificultades económicas o motivos similares; automóvil; parque; campamento).

Sección B

Nombre del padre/tutor/adulto que cuida al estudiante: _____

Relación con el estudiante: _____

Si la dirección que proporcionó en la sección A se basa en un acuerdo de vivienda temporal, ¿se debe a la pérdida de vivienda o a dificultades económicas? Sí ☐ No ☐

Por favor coloque una "X" en cada casilla que describa mejor dónde duerme el estudiante por la noche. ☐

En un lugar que no tenga ventanas, puertas, agua corriente, calefacción, electricidad o hacinamiento.

- ☐ Quedarse con un amigo o familiar debido a la pérdida de vivienda, dificultades económicas o motivos similares (Ejemplo: desalojo, ejecución hipotecaria, incendio, inundación, pérdida de trabajo, divorcio, violencia doméstica, expulsión de los padres, fuga de casa)

¿En qué fecha empezaste a quedarte aquí? _____

- ☐ En un programa de refugio/vivienda de transición (nombre de la agencia):

¿En qué fecha empezaste a quedarte aquí? _____

- ☐ En un lugar desprotegido (por ejemplo, tienda de campaña, vehículo, edificio abandonado, calles, camping, parque, estación de autobús/tren o lugar similar) Proporcione las principales calles transversales de este lugar desprotegido: _____

- ☐ En un hotel/motel (nombre del hotel/motel y dirección)

¿En qué fecha comenzó a hospedarse aquí? _____

- ☐ Con un adulto que no sea padre o tutor legal designado por el tribunal
- ☐ Solo, sin el cuidado de un padre o tutor legal designado por el tribunal
- ☐ Ninguna de las anteriores (Por favor explique):

La siguiente firma certifica que la información proporcionada anteriormente es exacta. Las afirmaciones falsas sobre situaciones de vida pueden afectar la inscripción.

Firma de la persona que proporciona la información Fecha
Padre/Tutor legal/Cuidador/Estudiante

For School Use Only (Sólo para uso escolar)

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: _____ Please

check the housing types that apply:

Sheltered ☐ Doubled-up ☐ Unsheltered/FEMA/Substandard ☐ Transportation to school of origin needed: Yes ☐ No ☐

☐ Hotel/Motel ☐ Unaccompanied youth: Yes ☐ No ☐

Salome Consolidated Elementary School District NO. 30
School Bus Rules
2024-2025

Arizona Department of Public Safety-R17-4-507-Minimum standard for school bus operation, Section D-Authority of schools drivers, "The driver of a school bus is responsible for the orderly conduct and safety of pupils and other passengers being transported in accordance with the policy established by the governing board of that school. All adult passengers such as coaches, teachers, monitors, etc. are also under the authority of the school bus driver.

While riding the bus:

1. Obey the driver and follow directions.
2. Except for ordinary conversation, students shall observe quiet conduct on the bus.
3. Be on time for the bus.
4. Students shall stay in their seat while the bus is in motion, with no changing of seats.
5. Do not throw any object in the bus or out the window. Do not damage, throw litter on or vandalize the bus.
6. Students shall not have food, candy, or drinks on the bus.
7. Keep the bus clean and the aisles clear.
8. No Part of the body shall be extended through the bus window.
9. Students must be quiet while the bus is stopped for railway crossings
10. Students shall not leave the bus from the emergency door unless an emergency exists.
11. While waiting for the bus, students are to follow normal school rules of hands and feet to themselves. No throwing of objects, name calling etc.

***Riding the bus is a privilege. The District has the right to suspend that privilege if your behavior on the bus or while waiting for the bus is not appropriate.**

=====

PLEASE SIGN AND RETURN TO THE SCHOOL BUS DRIVER

PARENT'S SIGNATURE _____ DATE _____

STUDENT'S NAME _____

GRADE _____ AGE _____

LOCATION OF BUS STOP _____

**Salome Elementary – Title 1 Parent – School Compact
2024-2025**

As part of the Salome Elementary Title 1 School Improvement Project, we are asking that you and your child join us in signing a voluntary written agreement (or compact) that expresses support of your child's education and commits everyone involved in your child's education to helping him or her reach their potential as learners. We fully support this compact because it forms a partnership which we feel will lead to a successful educational experience for each student who attends Salome Elementary School.

Staff Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Teach classes through interesting and challenging lessons that promote student achievement.
- Endeavor to motivate my students to learn.
- Have high expectations and help every child to develop a love of learning.
- Communicate regularly with families about student progress.
- Provide a warm, safe, and caring learning environment.
- Provide meaningful homework assignments to reinforce and extend learning:
 - Suggested 20 minutes of reading daily + occasional homework of approximately 30 minutes for grades K-5.
 - Suggested 30 minutes of reading daily + occasional homework of approximately 60 minutes for grades 6-8.
- Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community.
- Actively participate in collaborative decision making and consistently work with families and my school colleagues to make schools accessible and welcoming places for families which help students achieve the school's high academic standards.
- Respect the school, students, staff and families.

Student Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Come to school ready to learn and work hard.
- Bring necessary materials, completed assignments and homework.
- Know and follow school and class rules.
- Communicate regularly with my parents and teachers about school experiences so that they can help me to be successful in school.
- Limit my TV watching and instead study or read every day after school.
- Respect the school, classmates, staff and families.

Family/Parent Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Provide a quiet time and place for homework and monitor TV viewing.
- Read to my child or encourage my child to read every day:
 - 20 minutes suggested for K-5 grade.
 - 30 minutes suggested for grades 6-8.
- Ensure that my child attends school every day, gets adequate sleep, regular medical attention and proper nutrition.
- Regularly monitor my child's progress in school.
- Participate at school activities such as school decision making, volunteering and /or attending parent-teacher conferences as well as other school functions.
- Communicate the importance of education and learning to my child.
- Respect the school, staff, students and families.

Student

Teacher

Parent/Guardian

2024-2025

Student/Parent Handbook Acknowledgement

Please initial the following statement and sign below:

_____ I received a copy of the Salome Elementary School
2023-24 Student and Parent Handbook, which includes the
school rules, guidelines, and discipline consequences.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

***Please return this form to your child's teacher or the school
office.***

IJNDB-E ©

EXHIBIT

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:

- A. Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- B. Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- C. Abide by all copyright and trademark laws and regulations.
- D. Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- E. Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- F. Not use the network in any way that would disrupt the use of the network by others.
- G. Not use the EIS for commercial purposes.
- H. Follow the District's code of conduct.

I. Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.

J. 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:

A. Maintain supervision of students using the EIS.

B. Agree to directly log on and supervise the account activity when allowing others to use District accounts.

C. Take responsibility for assigned personal and District accounts, including password protection.

D. 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:

A. *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages.

B. *Respect privacy.* I will not reveal any home addresses or personal phone numbers or personally identifiable information.

C. *Avoid disruptions.* I will not use the network in any way that would disrupt use of the systems by others.

D. *Observe the following considerations:*

1. Be brief.

2. Strive to use correct spelling and make messages easy to understand.
3. Use short and descriptive titles for articles.
4. 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 services (EIS) is used and bears the risk of reliance on the information obtained.

I 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 _____
student) _____

Grade (if a

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 or Guardian Name (print)

Signature _____ Date



Salome Consolidated Elementary School Dist. No 30

All Year Round 2024-25

Movie Parent Permission

Occasionally throughout the school year, we present videos and movies at school. It's important that we have permission to show any video or movie rating such as G, PG, PG-13 or any other general movie ratings.

If you do not wish your student to participate we will make accommodations for them to not be present in the room when that event occurs. They will be given an alternate assignment and will not be penalized in any way.

Please indicate your preference by returning this form. If you have any questions please contact the teacher or the front office at 928-859-3339.

- ☐ I give permission for my child, _____, to view any general movie ratings.
- ☐ **I DO NOT** give permission for my child, _____, to view any general movie ratings.

FAILURE TO RETURN THIS FORM TO THE TEACHER OR OFFICE WILL RESULT IN THE ASSUMPTION OF PERMISSION BEING GRANTED.

Parent/Guardian Signature: _____ Date: _____

