

Mingus Union High School Enrollment Packet

Thank you for choosing Mingus Union High School! We are excited to have your student as a Marauder, and we are committed to providing them with a safe and effective learning environment.

Please be sure to fill out the required forms (listed below) and then supply the required documentation (listed below) that is needed to complete the enrollment process.

Parent/Guardian must supply the following items for all students upon enrollment:

Proof of Residency: In order to register your student in the Mingus Union High School District, the parent or guardian must provide one (1) piece of documentation indicating the place of residency, Complete Arizona Residency Documentation Form.

Immunization Records: Proof of immunizations or signed waiver is required at the time of enrollment.

Official State Issued Birth Certificate: Must be a certified copy or copy of the original.

Legal Guardianship or Custody Papers: Are necessary, if:

- An adoption has taken place, it is reflected with an amended birth certificate, and student lives with adoptive parents as listed on the amended birth certificate.
- The student lives with one custodial parent as the result of a divorce.
- The student lives with anyone else, i.e. grandparents, aunt, uncle, sibling, friends or other relatives. We must have a photocopy of the court papers granting guardianship within 30 days of enrollment.

Individualized learning plans, evaluations, and other related documents: Students who are presently receiving special services (special education, gifted, ELL, 504) are encouraged to provide copies of these documents upon enrollment. **Note:** *These records can be requested by MUHS from the student's previous school.*

Checklist

- Student Enrollment Form
- Student Referral Questionnaire
- Official State Issued Birth Certificate (certified copy or copy of original)
- Arizona Residency Documentation Form
- Affidavit of Shared Residence (*if applicable*)
- Primary Home Language Other Than English Survey
- MUHS Technology Acceptable Use
- Academic Integrity Policy
- Acknowledgement of Receipt/Access to MUHS Student Handbook
- Student Directory Information Non-Release Form
- Emergency Medical Referral Card
- Records Release Form
- Free and Reduced Application

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Mingus Union High School Student Enrollment Form

FOR OFFICE USE ONLY			
SAIS ID:		Entry Date:	
Student ID:		Entry Code	
Grade Level:		PS Entry Date:	
		PS Entered by:	

Student Information

School: (check one)	<input type="checkbox"/> Mingus Union High School				
	<input type="checkbox"/> Mingus Union Online Academy				
Legal Last Name:	Legal First Name:	Middle Name	Student Goes by Different Name:		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Last Name Student Goes By:		First Name Student Goes By:			
Birthdate:	Gender:	Country of Birth:	State of Birth:	Student Cell #	Grade Entering
	<input type="checkbox"/> Male <input type="checkbox"/> Female				

Is this student of Hispanic/Latino ethnicity?	Please mark one or more boxes to indicate student's race.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native Tribal Name: _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian

Has the student lived in the United States for three or more years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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School and Education History

Has your student EVER attended MUHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" dates of enrollment:	
Does the student have siblings at MUHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" name of siblings and grade levels:	
Name of completed middle school:	
Name of most recent or current school:	
City and State:	
Last date of attendance:	
Has the student ever been suspended for more than 10 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" please describe:	
Has the student ever attended school at a correctional facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", dates and facility name:	
Has the student ever been identified for any of the following programs?	
<input type="checkbox"/> Special Education (include IEP if available – a records request can be sent to previous school) <input type="checkbox"/> Speech <input type="checkbox"/> Gifted <input type="checkbox"/> 504 Plan <input type="checkbox"/> English Language Learner (ELL)	

Parent/Guardian Information – Student’s Primary Household

Note: The school will honor the non-custodial parent’s requests for information unless copies of custody papers or court orders restricting the non-custodial parent’s access to such information are on file at the school

Who has legal custody?		
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other: _____

Physical Street Address	Apt. #	City/State/Zip
Mailing Address (if different than above:	Apt. #	City/State/Zip

Parent/Legal Guardian Information:

Legal Last Name:		Legal First Name:		Middle Initial
Cell Phone #:		Home Phone #:		
Employer:		Work Phone #:		
Email Address:				
Relationship to Student (Father, Mother, Stepfather, Foster Mother, etc.):				
Is the parent/guardian an active-duty member of the Army, Navy, Air Force, Marine Corps, Coast Guard or National Guard?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are they currently deployed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Parent/Legal Guardian information, or other adult living in the same household:

Legal Last Name:		Legal First Name:		Middle Initial
Cell Phone #:		Home Phone #:		
Employer:		Work Phone #:		
Email Address:				
Relationship to Student (Father, Mother, Stepfather, Foster Mother, etc.):				
Is the parent/guardian an active-duty member of the Army, Navy, Air Force, Marine Corps, Coast Guard or National Guard?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are they currently deployed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Parent/Guardian Information – Student’s Secondary Household

Note: The school will honor the non-custodial parent’s requests for information unless copies of custody papers or court orders restricting the non-custodial parent’s access to such information are on file at the school

Students Secondary Household

Physical Street Address	Apt. #	City/State/Zip

Mailing Address (if different than above:	Apt. #	City/State/Zip

Parent/Legal Guardian Information:

Legal Last Name:	Legal First Name:	Middle Initial
Cell Phone #:	Home Phone #:	
Employer:	Work Phone #:	
Email Address:		
Relationship to Student (Father, Mother, Stepfather, Foster Mother, etc.):		
Is the parent/guardian an active-duty member of the Army, Navy, Air Force, Marine Corps, Coast Guard or National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are they currently deployed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Parent/Legal Guardian information, or other adult living in the same household:

Legal Last Name:	Legal First Name:	Middle Initial
Cell Phone #:	Home Phone #:	
Employer:	Work Phone #:	
Email Address:		
Relationship to Student (Father, Mother, Stepfather, Foster Mother, etc.):		
Is the parent/guardian an active-duty member of the Army, Navy, Air Force, Marine Corps, Coast Guard or National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are they currently deployed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Emergency Contact Info – Other than Parent/Legal Guardian

Note: In an emergency, in addition to the parent/legal guardians listed on this application, the individuals noted below may be contacted regarding my student and my student may be released to the individuals listed below. Please prioritize the emergency contacts below in the order they should be contacted. Parent/legal guardian(s) will be contacted first.

Emergency Contact 1

Legal Last Name:		Legal First Name:		Middle Initial
Cell Phone #:		Work Phone #:		
Email Address:				
Relationship to Student (Stepmother, stepfather, grandmother, grandfather, aunt, uncle, friend, neighbor, etc.)				

Emergency Contact 2

Legal Last Name:		Legal First Name:		Middle Initial
Cell Phone #:		Work Phone #:		
Email Address:				
Relationship to Student (Stepmother, stepfather, grandmother, grandfather, aunt, uncle, friend, neighbor, etc.)				

Emergency Contact 3

Legal Last Name:		Legal First Name:		Middle Initial
Cell Phone #:		Work Phone #:		
Email Address:				
Relationship to Student (Stepmother, stepfather, grandmother, grandfather, aunt, uncle, friend, neighbor, etc.)				

I affirm that the information provided on the Student Enrollment Forms are correct and current:

Parent/Guardian Signature:	
Parent/Guardian Name (printed):	
Date:	

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Mingus Union High School District Student Referral Questionnaire

The purpose of this form is to identify and support Mingus Union High School students who may be eligible to receive services in accordance with the McKinney-Vento Act 42 U.S.C. 11435. Eligibility must be reviewed and reevaluated every school year. The information on this form is confidential. If you have any questions or concerns, call 928-478-7944

Student Name:	Student ID # (if known):
Grade Level:	Date of Birth:

Please answer the below questions to help us determine the services the student may be eligible to receive.

Question #1 - Does the student lack a fixed, regular, or adequate night-time residence? Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship or similar reason; car; park; campsite	Circle One: Yes No
Question #2 - Does the student live alone or with someone other than his or her biological or adoptive parent or a legal guardian due to loss of housing or economic hardship, incarceration or deportation of parent or legal guardian, or abandonment by parent or legal guardian?	Circle One: Yes No

Please note: A legal guardian is a person appointed by a court to care for a student.

If you answered “**No**” to both questions, you **do not need** to complete the remainder of this form. Simply sign below to acknowledge you received MUHS “Rights of Homeless Students.”

If you answered “**Yes**” to either question, complete the “Current Living Arrangements” section below. The McKinney-Vento Office will contact you to make a final determination regarding eligibility for support services.

CURRENT LIVING ARRANGEMENTS: If you answered “Yes” to either Question #1 or Question #2 above, please provide the following information to indicate where the student is currently living. Check ONE box:	
<input type="checkbox"/>	In a hotel/motel Name and location of hotel/motel: _____
<input type="checkbox"/>	In a shelter or transitional housing program Name of shelter or program: _____
<input type="checkbox"/>	In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite
<input type="checkbox"/>	In shared housing with another family in their home due to loss of housing, economic hardship, or similar reason. What date did shared housing begin? _____
Name of Parent/Guardian/Caregiver/Host:	_____
Address:	_____
Phone #:	_____
E-mail:	_____

I affirm that all information on this form is accurate, and I have received MUHS “Rights of Homeless Students.”

Signature of Parent/Guardian/Caregiver/Host:	_____
Date:	_____

For Office Use Only:

Date Approved:	_____	Authorized Signature:	_____
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**Arizona Department of Education
Arizona Residency Documentation Form**

Student: _____ School: Mingus Union High School / MOA

School District or Charter Holder: Mingus Union High School District #4

Parent/Legal Guardian Name: _____

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 _____ Escuela: Mingus Union High School / MOA

Distrito Escolar o Escuela Chárter: Mingus Union High School District #4

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 muestra mi nombre y la dirección física de la propiedad donde reside el estudiante:

- Licencia de conducir válida 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)

Signature of Parent/Legal Guardian

Date

*Para los miembros de las fuerzas armadas, la aportación de documentación verificable no sirve como declaración de residencia oficial para el impuesto sobre la renta u otros fines legales. Los miembros del servicio armado pueden utilizar un centro de alojamiento temporal en la base como dirección para la prueba de residencia.



**State of Arizona
Affidavit of Shared Residence**

Student: _____ School: Mingus Union High School / MOA

School District or Charter Holder: Mingus Union High School District #4

Parent/Legal Guardian Name: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- _____ 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

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona

County of _____

The foregoing was acknowledged before me this ____ day of _____, 20____,

By _____

My Commission Expires:

Notary Public



Estado de Arizona Declaración Jurada de Residencia Compartida

Nombre del Estudiante _____ Escuela: Mingus Union High School / MOA

Distrito Escolar o Escuela Chárter: Mingus Union High School District #4

Padre/Tutor Legal: _____

Nombre del Residente de Arizona: _____

Yo, (nombre del residente de Arizona) _____, juro o afirmo que soy un residente del Estado de Arizona y que las siguientes personas viven conmigo en mi residencia, descrito de la siguiente manera:

Las personas que viven conmigo: _____

Ubicación de me residencia: _____

Yo presento en apoyo de esta declaración una copia del siguiente documento que muestra mi nombre y dirección de residencia actual o descripción física de mi propiedad.

- _____ 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
- _____ Instalación temporal de alojamiento en la base (para familias militares)

Nombre impreso del declarante: _____

Firma del declarante: _____

Acknowledgement

Estado de Arizona

Condado de _____

Lo anterior fue reconocido ante me este ___ día de _____, 20____,

Por _____

Mi comisión se vence:

Notario Publico



**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 _____	Mingus Union High School District #4
School _____	Mingus Union High School / MOA

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

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c), (Revised 01-2020)

Office of Language Acquisition Services
1535 W Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas



**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 mas apropiados para el estudiante. **Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendizajes del idioma ingles 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. ¿Què idioma hablan las personas en el hogar la mayoría del tiempo?

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

3. ¿Què idioma hablò o entendió el estudiante primero?

Nombre del estudiante _____	Distrito # de identificación _____
Fecha de nacimiento _____	SSID _____
Firma del padre o tutor _____	Fecha _____
Distrito o Chàrter _____	Mingus Union High School District #4
Escuela _____	Mingus Union High School / MOA

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 Còdigo Administrativo de Arizona. (Revised 01-2020)

Office of Language Acquisition Services
1535 W Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas

Mingus Union High School

Permissions and Release of Information Opt Out Form

The Family Educational Rights and Privacy Act states that schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance.

However, parents/guardians have the right to opt out of the release of some or all of your student's directory information by returning this form within fourteen (14) days of the start of school.

If you do not return this opt out form within fourteen (14) days of the start of school, then the district must provide directory information upon request.

Media Release

<p>I give the school permission to use, and/or copyright, personally identifiable information about my child, including photographs, videos, name, school of attendance, athletic achievements and/or art works for publication, advertising or other lawful purposes including but not limited to publication on any school web page(s).</p>	<p><input type="checkbox"/> Yes, I give permission.</p> <p><input type="checkbox"/> No, I do not want my child photographed or Videotaped</p>
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Release of Information

In accordance with Section 8528 of the act titled Elementary and Secondary Education Act of 1965 (ESEA), this school is required to provide names, addresses, and phone numbers of high school students to institutions of higher education as well as military recruiters. A high school student aged 18+ or the parent of a student under 18 may request the information not be released without prior written parental consent.

<p>Military Release</p> <p>I give permission to the school to release the name, address, and phone numbers of the student to military recruiters.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Higher Education</p> <p>I give permission to the school to release the name, address, and phone numbers of the student to institutions of higher education.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Parent/Guardian Signature:		Date:	
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Mingus Union High School District #4 Emergency Medical Referral Card

Student Name:	
Date of Birth:	
Grade:	

Medical History (check all that apply)

This information may be shared with the Mingus Union High School District school staff on a need-to-know basis.

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Wears Glasses
<input type="checkbox"/>	Physical Handicap	<input type="checkbox"/>	Epi- Pen
<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	T.B. or contact
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hearing Loss
<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Varicella/Chickenpox
<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Valley Fever
<input type="checkbox"/>	Allergies		
	List Type:		
<input type="checkbox"/>	Injuries		
	List Details and Dates:		
<input type="checkbox"/>	Fractures		
	List Details and Dates:		
<input type="checkbox"/>	Surgical History of Student		
	List Details and Dates:		

Is student on medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, for what condition?	
What medication?	
Other information:	

I, the undersigned parent/guardian hereby give my consent for the above child to be released to the relative/friend I have designated and/or be taken to the nearest hospital in case of emergency.

Parent/Guardian Signature		Date:	
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Mingus Union High School District #4 Tarjeta de Remi3n para emergencias m3dicas

Nombre del estudiante:	
Fecha de Nacimiento:	
Grado:	

Historial M3dico (Marque todas las opciones que correspondan)

La informaci3n en este formulario puede ser dada a conocer al personal de la escuela cuando la situaci3n lo requirera.

<input type="checkbox"/>	Asma	<input type="checkbox"/>	Usa anteojos
<input type="checkbox"/>	Incapacidad fisica	<input type="checkbox"/>	Epi-Pen
<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	T.B. o contacto
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Perdida de la audici3n
<input type="checkbox"/>	Afecci3n cardiac	<input type="checkbox"/>	Varicella/Chickenpox
<input type="checkbox"/>	Convulsiones/ataques	<input type="checkbox"/>	Fiebre del Valle
<input type="checkbox"/>	Alergias		
	Tipo:		
<input type="checkbox"/>	Lesiones		
	Fechas:		
<input type="checkbox"/>	Fracturas		
	Fechas:		
<input type="checkbox"/>	Historial quir3rgico del estudiante (escriba las fechas que recuerde):		
	Fechas:		

¿Est3 el alumno(a) tomando medicamentos?	<input type="checkbox"/> S3	<input type="checkbox"/> No
Si es as3, ¿para qu3 enfermedad?		
¿Qu3 medicamentos?		
Otro(a):		

Por este medio, el suscrito(a), padre, madre o tutor legal del estudiante, otorga su consentimiento para que el ni3o(a) mencionado en la parte superior sea entregado al pariente o amigo designado para que sea llevado al hospital en caso de emergencia.

Firma del padre, madre o tutor legal:		Fecha	
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MINGUS UNION HIGH SCHOOL RECORDS RELEASE FORM

Address:	1801 East Fir Street Cottonwood, AZ, 86326
Registrar:	Jennifer Argaez 928-649-4403 928-634-0546 (fax) jargaez@muhs.com
Special Education Secretary	Connie Calhoon 928-649-4415 928-639-4236 (fax) ccalhoon@muhs.com

Student Information

Previous School Name:		Date:	
City, State, Zip			
Phone:			
Fax:			

ATTENTION: School Records I request that you release the following information for:

Last Name:	First Name:	MI	Birth Date	Grade Level

Please Fax to 928-634-0546 or E-mail to jargaez@muhs.com :	
	Withdrawal Form (including transfer grades with %)
	Unofficial Transcript (please fax immediately)
	Birth Certificate
	Health Records/Immunization Records
	State Test Scores (AZMerit/Stanford 9 Proficiency/Etc.)
	Attendance Records
	ELL Records, if applicable
	Discipline Records
	Enrollment History
	Other:
Please Mail to Registrar at above address:	
	Official Transcript – Signed with School Seal
Please Fax to 928-639-4236 or E-mail to ccalhoon@muhs.com:	
	Current IEP, Psych-Ed Eval, MET, Eligibility, if applicable

Registrar/School Official Signature	
Signature of Parent/Guardian (or student if over 18) required for SpEd records	

In accordance with Federal Family Rights and Privacy Act of 1974 (25 CFR36.14b), officials of other schools or school systems at which a student seeks or intends to enroll may request for student records without the permission of parents and/or student.

Date sent:		Date received:	
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