

# 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 request 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)
- 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
- Arizona Residency Documentation Form
- Affidavit of Shared Residence (if applicable)
- Primary Home Language Other Than English Survey
- Free and Reduced Application (not included in packet – will be sent during Registration)

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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

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

<b>Is this student of Hispanic/Latino ethnicity?</b>	<b>Please mark one or more boxes to indicate student's race.</b>
<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

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

Has your student <b>EVER</b> 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:	
<b>Has the student ever been identified for any of the following programs?</b> (Note: If YES, please include IEP)	
<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

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

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

### Parent/Legal Guardian Information:

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

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

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

## Student's Secondary Household

<b>Physical Street Address</b>	<b>Apt. #</b>	<b>City/State/Zip</b>

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

### Parent/Legal Guardian Information:

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

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

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

<b>Legal Last Name:</b>		<b>Legal First Name:</b>		<b>Middle Initial</b>
<b>Cell Phone Number:</b>		<b>Work Phone:</b>		
<b>Email Address:</b>				
<b>Relationship to Student (Stepmother, stepfather, grandmother, grandfather, aunt, uncle, friend, neighbor, etc)</b>				

### Emergency Contact 2

<b>Legal Last Name:</b>		<b>Legal First Name:</b>		<b>Middle Initial</b>
<b>Cell Phone Number:</b>		<b>Work Phone:</b>		
<b>Email Address:</b>				
<b>Relationship to Student (Stepmother, stepfather, grandmother, grandfather, aunt, uncle, friend, neighbor, etc)</b>				

### Emergency Contact 3

<b>Legal Last Name:</b>		<b>Legal First Name:</b>		<b>Middle Initial</b>
<b>Cell Phone Number:</b>		<b>Work Phone:</b>		
<b>Email Address:</b>				
<b>Relationship to Student (Stepmother, stepfather, grandmother, grandfather, aunt, uncle, friend, neighbor, etc)</b>				

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

<b>Parent/Guardian Signature:</b>	
<b>Date:</b>	

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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

<b>Student Name:</b>	<b>Student ID # (if known):</b>
<b>Grade Level:</b>	<b>Date of Birth:</b>

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

<b>Questions #1</b> -Does the student lack a fixed, regular, or adequate nighttime residence?  Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship or similar reason; car; park; campsite	<b>Circle One:</b>  Yes      No
<b>Question #2</b> - 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?	<b>Circle One:</b>  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?
<b>Name of Parent/Guardian Caregiver/Host:</b>	
<b>Address:</b>	
<b>Phone #:</b>	
<b>E-mail:</b>	

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

<b>Signature of Parent/Guardian/Caregiver/Host:</b>	
<b>Date:</b>	

*For Office Use Only:*

<b>Date Approved:</b>	<b>Authorized Signature:</b>
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## MUHS TECHNOLOGY ACCEPTABLE USE

The use of instructional technology, including information retrieval systems, at school is a privilege, not a right. Activities while using technology must be in support of education and research, and consistent with the objectives of the Mingus Union High School curriculum and conduct expectations.

The school district reserves the right to monitor all use of technology systems. The district may, at its discretion, review any and all technology systems, including computing devices, email and files, accessed by users. Such monitoring may be conducted without notice. It is expected that students will comply with the following rules:

<ul style="list-style-type: none"> <li>• Students will treat the computing equipment with great care and not cause physical damage to either computing device or any part of the information system. <b>If a student purposefully or accidentally causes damage to District property, full responsibility of the cost associated with replacing or replacing the device or information system belongs to the student, parent, or guardian. Damage or other conduct may be reported to law enforcement.</b></li> <li>• Students will protect account numbers and/or passwords. Sharing or using someone else's account number or password is strictly prohibited.</li> <li>• Students will not trespass in folders not authorized to the user and will report unauthorized access to the District.</li> <li>• Student will not use technology systems for personal or private business, for product advertisement or political lobbying or for incurring financial commitments over the internal or external network.</li> <li>• Student will not intentionally waste resources playing internet games, using chat rooms, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Students will not reveal any personal, confidential, or private information about themselves or another individual such as home address, phone number, etc.</li> <li>• Students will not use technology to disrupt the activity of others, to harass or discriminate against others, to gain unauthorized access to computer systems or programs, or to initiate any type of virus in any computer system or program.</li> <li>• Students will not violate any federal or state copyright or unfair trade law.</li> <li>• Students will not use profanity, obscenity, discriminatory language, vulgarities and other inappropriate language, sexually suggestive content, graphics or sounds.</li> <li>• Students will not agree to meet with someone they have met online without parental approval.</li> <li>• Students will promptly disclose to their teacher or another school employee any message they receive that is inappropriate or makes the user feel uncomfortable.</li> <li>• Students will not conduct any activity that exposes the District to liability.</li> <li>• Students will report any suspicious activity on District technology to a teacher or administrator.</li> </ul>
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I understand and will abide by the guidelines outlined in the Acceptable Use Policy Agreement. I understand that any violation of this agreement will result in disciplinary action and/or will be turned over to proper law enforcement authorities.

<b>Student Signature:</b>		<b>Date:</b>	
<b>Student Name (print):</b>		<b>Grade:</b>	

As a parent or guardian of this student, I have read the above policies. I understand that the purpose of access to the computers and internet is for educational purposes. I also recognize that MUHS, despite its best efforts, may not be able to restrict access to all controversial materials. I give my permission for my child to access the Internet on the school computers.

<b>Parent/Guardian Signature:</b>		<b>Date:</b>	
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# Mingus Union High School Academic Integrity Policy

Mingus Union High School expects our students to strive for academic excellence using their own capabilities and to abide by ethical academic standards. We value academic integrity and honesty. Academic dishonesty—including plagiarism, cheating or copying the work of another, using technology for illicit purposes, or any unauthorized communication between students for the purpose of gaining advantage during an examination—is strictly prohibited. The purpose of Mingus Union's Academic Integrity Policy is to prepare students for the reality created by the technology explosion, for the world of college and beyond, where cheating and plagiarism have dire consequences.

- **Collaboration** is to work together (with permission) in a joint intellectual effort with the work of all participants clearly delineated.
- **Plagiarism** is taking someone else's work to present as your own. When you use someone else's words, you must put quotation marks around them and give the writer or speaker credit by citing the source. Even if you revise or paraphrase the words of someone else, if you use someone else's ideas you must give the author credit. Some Internet users believe that anything available on-line is public domain. Such is not the case. Ideas belong to those who create and articulate them. To use someone else's words or ideas without giving credit to the originator is stealing.
- **Cheating** includes, but is not limited to, copying or giving an assignment to a student to be copied (unless explicitly permitted by the teacher). Cheating also includes using, supplying, or communicating in any way unauthorized materials, including textbooks, calculators, computers or other unauthorized technology, during an exam or project. Cheating also includes taking a photo/screen shot of your completed work and sharing it or accepting a photo/screen shot of someone else's work and copying it as your own.
- **Forgery or stealing** includes, but is not limited to, gaining unauthorized access to exams or answers to an exam, altering computer or grade-book records, or forging signatures for the purpose of academic advantage.

The determination that a student has engaged in academic dishonesty shall be based on specific evidence provided by the classroom teacher or other supervising professional employee, taking into consideration written materials, observation, or information from others. Students found to have engaged in academic dishonesty shall be subject to disciplinary action as outlined in the student handbook.

*I certify that I have read and understand the Mingus Union High School Academic Integrity Policy and violation of this policy may result in disciplinary action. I acknowledge that as a student of Mingus Union High School, I am expected to demonstrate my learning with integrity.*

<b>Student Name (print):</b>		<b>Grade Level:</b>	
<b>Student Signature:</b>		<b>Date:</b>	

*As a guardian of this student, I certify that I have read and discussed the Academic Integrity Policy with my student.*

<b>Parent/Guardian Signature:</b>		<b>Date:</b>	
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# Acknowledgement of Receipt/Access to Mingus Union High School Student Handbook

In an effort to be more environmentally and digitally friendly, the student handbook for Mingus Union High School handbook can be found under the Student Handbook Tab on the Mingus Union High School website at [www.mingusunion.com](http://www.mingusunion.com).

If you prefer a printed copy, please notify the High School Office and a printed copy will be provided to you.

It is the school district's expectation that all parents, guardians, and students will read the Student Handbook and become familiar with its contents. The handbook provides information that is necessary to guide a student through his or her experience at Mingus Union High School, and it is expected that each student understands school policies and procedures.

By signing this document, you are acknowledging that you have access to or have received the Mingus Union High School Student Handbook.

The handbook contains policies regarding attendance, dress code, cell phones, student conduct expectations, discipline management, academic integrity and more.

### Parent and Student Acknowledgment

We hereby confirm that we have access to or have received a copy of the Mingus Union High School Student Handbook, and further understand the responsibilities of students and parents in the Mingus Union High School District; the policies, procedures, expectations, regulations, and practices as stated in this document. We also understand that students will be held accountable for their behavior and may be subject to disciplinary consequences listed in the handbook, if applicable and appropriate.

Please understand that failure to return this form within ten (10) school days from the date of distribution will constitute approval of the above guidelines and student handbook.

<b>Student Name (print):</b>		<b>Grade Level:</b>	
<b>Student Signature:</b>		<b>Date:</b>	
<b>Parent/Guardian Signature:</b>		<b>Date:</b>	

# Mingus Union High School

## Permissions and Release of Information Opt Out Form

During the school year, Mingus Union High School staff members may compile non-confidential student directory information specified below.

The Family Educational Rights and Privacy Act requires that the District annually designate certain student information that is considered harmless to release upon request as directory information. The District has determined that the following information is directory and may be released upon request to educational, occupational, or military recruiting representatives without your permission. However, you 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.

*If you do not want* any or all of the below directory information about your son/daughter to be released, you must notify the district in writing by checking off any or all of the information you want to remain confidential, signing the form at the bottom of the page, and returning it to the Registrar at the time of enrollment or within fourteen (14) days of the start of school. If the school district does not receive this notification from you within the prescribed time, your student's directory information will be disclosed upon request.

### Media Release

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).	<input type="checkbox"/> Yes, I give permission.  <input type="checkbox"/> No, I do not want my child photographed or Videotaped
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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.	
<b>Military Release</b>  I give permission to the school to release the name, address, and phone numbers of the student to military recruiters.	<input type="checkbox"/> Yes  <input type="checkbox"/> No
<b>Higher Education</b>  I give permission to the school to release the name, address, and phone numbers of the student to institutions of higher education.	<input type="checkbox"/> Yes  <input type="checkbox"/> No

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

<b>Student Name:</b>	
<b>Date of Birth:</b>	
<b>Grade:</b>	

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

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

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.

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

<b>Nombre del estudiante:</b>	
<b>Fecha de Nacimiento:</b>	
<b>Grado:</b>	

### 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 requiriera.

<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:		

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

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.

<b>Firma del padre, madre o tutor legal:</b>		<b>Fecha</b>	
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## MINGUS UNION HIGH SCHOOL RECORDS RELEASE FORM

<b>Address:</b>	1801 East Fir Street Cottonwood, AZ, 86326
<b>Registrar:</b>	Heather Robertson 928-649-4403 928-634-0546 (fax) hrobertson@muhs.com
<b>Special Education Secretary</b>	Connie Calhoon 928-649-4415 928-639-4236 (fax) ccalhoon@muhs.com

### Student Information

<b>Previous School Name:</b>		<b>Date:</b>	
<b>City, State, Zip</b>			
<b>Phone:</b>			
<b>Fax:</b>			

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

Last Name:	First Name:	MI	Birth Date	Grade Level

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

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

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.

<b>Date sent:</b>		<b>Date received:</b>	
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**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest\* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- \_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_ Valid 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)

\_\_\_ 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 \_\_\_\_\_

Distrito Escolar o Escuela Chárter \_\_\_\_\_

Padre/Tutor Legal \_\_\_\_\_

Como el padre del estudiante o representate 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 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.
- \_\_\_ 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



**State of Arizona  
Affidavit of Shared Residence**

Student Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School District or Charter Holder: \_\_\_\_\_

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)

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: \_\_\_\_\_

Nombre del Padre/Custodio Legal: \_\_\_\_\_

Nombre de la Escuela: \_\_\_\_\_

Distrito Escolar o Propietario de Escuela Subvencionada: \_\_\_\_\_

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
- 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.
- \_\_\_ 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.

Nombre impreso del declarante: \_\_\_\_\_

Firma del declarante: \_\_\_\_\_



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 <u>Mingus Union High School District #4</u>	
School <u>Mingus Union High School - Mingus Online Academy</u>	

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 (K7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)

Office of English Language Acquisition Services  
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • [www.azed.us/edla](http://www.azed.us/edla)



**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 aprendizajes 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 _____
Distrito o Charter <u>Mingus Union High School District #4</u>	
Escuela <u>Mingus Union High School - Mingus Online Academy</u>	

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 01-2020)