

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
- 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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Student Residency Questionnaire - Mingus Union High School District

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 the 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 Person Completing this Form:	
Your Telephone #:	
Your E-mail Address:	

Student Name:	
Last School Attended:	
Current Grade:	
Birth Date:	

Address of where the student slept last night:	
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Is this address based on a temporary living arrangement?
(Examples: hotel, shelter, transitional housing, sharing the housing of others due to loss of housing, economic hardship or similar reason, car, park, campsite)

- Yes
 No

If you checked "No" to the temporary living arrangement you may STOP



If you checked "Yes", please continue to the next page – Section B



Section B

Name of Parent/Guardian/Adult caring for the student:	
Relationship to the student:	
<p>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?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p>Please place an "X" in each box that best describes where the student sleeps at night:</p> <p><input type="checkbox"/> In a place that does not have windows, doors, running water, heat, electricity, or overcrowded.</p> <p><input type="checkbox"/> Staying with a friend or relative because of loss of housing, economic hardship, or similar reason (Example: eviction, foreclosure, fire, flood, loss of job, divorce, domestic violence, kicked out of parents, ran away from home) *What date did you begin staying here? _____</p> <p><input type="checkbox"/> In a shelter/transitional housing program *Name of agency: _____</p> <p><input type="checkbox"/> In an unsheltered location (Example: tent, vehicle, abandoned building, streets, campground, park, desert, or similar place) *Provide the main cross streets of this unsheltered location: _____ _____</p> <p><input type="checkbox"/> In a hotel/motel *Name of the hotel/motel and address: _____ *What date did you begin staying here? _____</p> <p><input type="checkbox"/> With an adult that is not a parent or court appointed legal guardian</p> <p><input type="checkbox"/> Alone, not in the care of a parent or court appointed legal guardian.</p> <p><input type="checkbox"/> None of the above (Please explain): _____ _____</p>	

SIGNATURE REQUIRED

The following signature certifies that the information provided is accurate.	
Signature of Person Providing Information:	
Date:	

For School Use Only

Please check the housing types that apply:	<input type="checkbox"/> Sheltered <input type="checkbox"/> Unsheltered/FEMA/Substandard <input type="checkbox"/> Hotel/Motel
Unaccompanied Youth:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation of Origin Needed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Approved:	
Authorized Signature:	



**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.

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**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



**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

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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 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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