

San Carlos Unified School District

Enrollment Checklist SY 23-24

Rice Primary School PreK-2 nd Gr.	928-475-2315 ext. 2000/2001
Rice Intermediate School 3 rd -5 th Gr.	ext. 3001/3002
San Carlos Middle School 6 th -8 th Gr.	ext. 4000/4001
San Carlos High School 9 th -12 th Gr.	ext. 5001

Grade level of student is determined by school site principal.

Please date the packets when they are turned in to the office.

1st Day of School – Monday, July 31, 2023

New Students

- ☐ Certified Birth Certificate
- ☐ Current Immunization
- ☐ Tribal Enrollment
- ☐ Guardianship or Custody Order
- ☐ Proof of AZ Residence
 - (1) Current signed lease, deed or contract, OR
 - (2) Current utility/electric bill for the property in the parent/guardian's name, OR
 - (3) State ID/Driver's License with a physical address
- ☐ Technology Form*
- ☐ Home Language Survey/Phlote*
- ☐ 506 Form*
- ☐ IEP/Psychological
- ☐ Health Packet*

Returning Students

- ☐ Proof of AZ Residence
 - (1) Current signed lease, deed or contract, OR
 - (2) Current utility/electric bill for the property in the parent/guardian's name, OR
 - (3) State ID/Driver's License with a physical address
- ☐ Current Immunization
- ☐ Health Packet*

SCUSD NEW STUDENT SY 2023 – 2024

scbraves.net (928) 475-2315

☐ RES Primary PreK – 2nd☐ SC Middle 6th – 8th☐ RES Intermediate 3rd – 5th☐ SC High School 9th – 12thStudent Name: _____ Grade: _____ DOB: _____ M ☐ F ☐

Physical Address: _____ District: _____

Mailing Address: _____

Mother: _____ Mother Home/Cell: _____

Employer: _____ Email: _____ Mother Work: _____

Father: _____ Father Home/Cell: _____

Employer: _____ Email: _____ Father Work: _____

Legal Guardian: _____ Legal Guardian Home/Cell: _____

Employer: _____ Email: _____ Legal Guardian Work: _____

Parent/Guardian in Active Military? ☐ Yes ☐ NoStudent lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Legal GuardianAny Custodial Alert? ☐ Yes ☐ No Temporary Guardianship? ☐ Yes ☐ No **PROVIDE COURT DOCUMENTATION**

Is the student Hispanic or Latino? ☐ Yes ☐ No

What is the student's race? (Choose at least one below)

☐ Asian ☐ White ☐ Black/African American

☐ Native Hawaiian/Other Pacific Islander

☐ American Indian/Alaska Native

SCUSD Siblings	
Name	School

Tribal Affiliation

<input type="checkbox"/> None	<input type="checkbox"/> Gila River Indian Community	<input type="checkbox"/> Pascua Yaqui Tribe	<input type="checkbox"/> Tohono O'Odham Nation
<input type="checkbox"/> Ak-Chin Indian Community	<input type="checkbox"/> Havasupai Tribe	<input type="checkbox"/> Pueblo of Zuni	<input type="checkbox"/> Tonto Apache Tribe
<input type="checkbox"/> Cocopah Indian River	<input type="checkbox"/> Hopi Tribe	<input type="checkbox"/> Quechan Tribe	<input type="checkbox"/> White Mountain Apache Tribe
<input type="checkbox"/> Colorado River Indian Tribes	<input type="checkbox"/> Hualapai Tribe	<input type="checkbox"/> Salt River Pima-Maricopa Indian Community	<input type="checkbox"/> Yavapai-Apache Nation
<input type="checkbox"/> Fort McDowell Yavapai Nation	<input type="checkbox"/> Kaibab Band of Paiute Indians	<input type="checkbox"/> San Carlos Apache Tribe	<input type="checkbox"/> Yavapai-Prescott Indian Tribe
<input type="checkbox"/> Fort Mojave Indian Tribe	<input type="checkbox"/> Navajo Nation	<input type="checkbox"/> San Juan Southern Paiute	<input type="checkbox"/> Other

Emergency Contacts **PLEASE LIST WORKING PHONE NUMBERS & LIST CONTACTS OTHER THAN PARENT/GUARDIAN**

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Transportation

☐ BUS Location: _____

☐ DROP OFF/PICK UP _____

☐ WALK Location: _____

Photo Release:

I give permission for my child to be interviewed/identified/photographed for publication. ☐ Yes ☐ No

Last School Attended

Name: _____

Address: _____

Parent/Guardian Signature: _____

Date: _____

OFFICE USE ONLY

OFFICE STAFF: _____

DATE: _____

Notes: _____

NURSE PACKET: _____

DATE: _____

PRINCIPAL'S INITIALS: _____

CODE: _____

DATE: _____



**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.

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 _____

School _____

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

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

U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

STUDENT INFORMATION

Name of the Child _____ Date of Birth _____ Grade _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

INSTRUCTIONS FOR THE ED 506 FORM

FOR APPLICANTS:

PURPOSE: To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

MAINTENANCE: A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

FOR PARENTS/GUARDIANS:

DEFINITION: Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

STUDENT INFORMATION: Write the name of the child, date of birth and school name and grade level.

TRIBAL ENROLLMENT INFORMATION: Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-**a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

ATTESTATION STATEMENT: Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

PAPERWORK BURDEN STATEMENT According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.

EXHIBIT

USE OF TECHNOLOGY RESOURCES
IN INSTRUCTION

ELECTRONIC INFORMATION SERVICES
USER AGREEMENT

Details of the user agreement shall be discussed with each potential user of the electronic information services (EIS). When the signed agreement is returned to the school, the user may be permitted use of EIS resources.

Terms and Conditions

Acceptable use. Each user must:

- A. Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- B. Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- C. Abide by all copyright and trademark laws and regulations.
- D. Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- E. Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- F. Not use the network in any way that would disrupt the use of the network by others.
- G. Not use the EIS for commercial purposes.
- H. Follow the District's code of conduct.
- I. Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.
- J. Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary action up to and including expulsion for students.

In addition, acceptable use for District employees is extended to include requirements to:

- A. Maintain supervision of students using the EIS.
- B. Agree to directly log on and supervise the account activity when allowing others to use District accounts.
- C. Take responsibility for assigned personal and District accounts, including password protection.
- D. Take all responsible precautions, including password maintenance and file and directory protection measures, to prevent the use of personal and District accounts and files by unauthorized persons.

Personal responsibility. I will report any misuse of the EIS to the administration or system administrator, as is appropriate.

I understand that many services and products are available for a fee and *acknowledge my personal responsibility for any expenses incurred without District authorization.*

Network etiquette. I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- A. *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages.
- B. *Respect privacy.* I will not reveal any home addresses or personal phone numbers or personally identifiable information.

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

D. *Observe the following considerations:*

1. Be brief.
2. Strive to use correct spelling and make messages easy to understand.
3. Use short and descriptive titles for articles.
4. Post only to known groups or persons.

Services

The School District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information services (EIS) is used and bears the risk of reliance on the information obtained.

I have read and agree to abide by the School District policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Name _____

Signature _____ Date _____
(Student or employee)

School _____ Grade (if a student) _____

Note that this agreement applies to both students and employees.

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

Parent or Guardian Cosigner

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a School District administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.)

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Parent or Guardian Name (print) _____

Signature _____ Date _____

**San Carlos Unified School
District McKinney-Vento Intake**

Student's Name: _____ ID# _____

Date of Birth: _____ Age: _____ Grade: _____ Sex: _____

Parent/Guardian Name(s): _____

Phone number(s): _____

Address: _____

Home School (based on current residence): _____

School of Origin (last school attended): _____

Siblings of student:

Name	School
_____	_____
_____	_____
_____	_____

Please answer the following questions:

1. Is this student's home address a temporary living arrangement? ☐Yes ☐No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? ☐Yes ☐No
3. Is this student in temporary or emergency foster care placement? ☐Yes ☐No
4. As a student, are you living with someone other than your parent or legal guardian? ☐Yes ☐No

If you answered YES to **any** of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

1. Where is this student currently living? *(check box)*

☐ In a motel/hotel- Name of motel/hotel: _____

☐ In a shelter- Name of shelter: _____

☐ Transitional Housing- Name of transitional housing: _____

☐ Group Home- Name of group home: _____

☐ Temporary/emergency foster home

☐ With more than one family in a house or apartment

☐ Moving from place to place

☐ In a location not designed for sleeping accommodations such as a car, park, or campsite

2. How long have you lived at this residence? _____

3. How long do you plan to live at this residence? _____

4. With whom does the student currently live: *(check box)*

☐ Both parents

☐ One parent- Which parent? _____

☐ One parent and another adult- Which parent? _____

☐ A relative- Specify which (e.g. grandmother) _____

☐ Friends or other adults- please identify _____

☐ An adult who is not a parent or legal guardian- please identify _____

5. Describe the current living situation in detail: _____

6. Any possibility of violence or abuse in home? If so, describe. What were the school's actions?

7. In your child's previous school, did he/she receive any of the following? *(check all that apply)*

- ☐ Special Education/Exceptional Children's Services- Describe: _____
- ☐ 504 Accommodation Plan- Describe: _____
- ☐ English As a Second Language (ESL) services
- ☐ Help for Behavior Improvement
- ☐ Tutoring Services
- ☐ Academically or Intellectually Gifted services
- ☐ Counseling services

8. At this time, what is the greatest need for your child? *(check all that apply)*

- ☐ School supplies
- ☐ School uniform or clothing
- ☐ Help for academic improvement
- ☐ Help for behavior improvement
- ☐ Referral for food assistance
- ☐ Medical referral/immunizations
- ☐ Mental health/counseling referral
- ☐ Other- Please describe: _____

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between this school district, A Child's Place; and, (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other CMS staff members for a legitimate educational purpose. In addition, my signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow CMS staff to conduct screenings as a part of the district's McKinney-Vento program.

Parent/Guardian Signature: _____
(Or Unaccompanied Youth)

Date: _____

MCV School Liaison Signature: _____

Date: _____

McKinney-Vento Intake Affidavit

Checklist for School Use Only

_____ Informed parent/guardian/unaccompanied youth of their rights under MCV and gave them a copy of their rights. Date: _____

_____ Entered data into NC WISE regarding program assignment, services, and dwelling type. Date: _____

_____ Established transportation to and from school. Date: _____

_____ Gave Verification for Nutrition Services to cafeteria manager. Date: _____

_____ Completed MCV Academic Review. Date: _____

_____ Made referral to A Child's Place (attach form if available). Date: _____

_____ Provided school supplies for student. Date: _____

_____ Reviewed temporary housing options with parent/guardian/unaccompanied youth. Date: _____

_____ Connected parent/guardian/unaccompanied youth with food assistance. Date: _____

_____ Connected parent/guardian/unaccompanied youth with clothing assistance. Date: _____

_____ Connected parent/guardian/unaccompanied youth with health services assistance. Date: _____

_____ Sent Title I Tutoring Request to CMS District MCV Liaison. Date: _____

_____ Sent Request for Funding for After School Enrichment Program to CMS District MCV Liaison. Date: _____

_____ Student referred to Intervention Team. Date: _____

_____ Student referred to IEP Team. Date: _____

_____ Other: _____ Date: _____

_____ Other: _____ Date: _____



SAN CARLOS UNIFIED SCHOOL DISTRICT NO. 20

We exist to educate and empower students to become culturally responsive, global learners.

HEALTH OFFICE INFORMATION - SY2023-2024

The Health Office Staff welcomes new and returning students to San Carlos Unified School District. To assist in providing the quality care your student deserves, please **COMPLETE** this packet and return to health office staff at your student's school.

Student Name _____ Grade: _____ Date of Birth _____

Parent/Guardian _____

Phone: Home _____ Cell: _____ Work: _____

Mailing Address: _____

Physical Address _____

Emergency Contacts: Please list contact information for individuals you trust to make decisions about the health care provided to your student and that you would allow your student to go home with if you are unavailable:

1. Name _____

Address: _____

Phone: _____

2. Name _____

Address: _____

Phone: _____

3. Name _____

Address: _____

Phone: _____

San Carlos Unified School District No 20



We exist to educate and empower students to become culturally responsive, global Nn'ee.

JLCC © - COMMUNICABLE / INFECTIOUS DISEASES

Any student with, or recovering from, a communicable disease will not be permitted in school until the period of contagion is passed or until a physician recommends a return, in accordance with A.R.S. 36-621 *et seq.*, appropriate regulations of the State Department of Health Services, and policies of the County Health Department.

Parents will be requested to provide a history of the communicable diseases for each student, and such records will be kept and maintained by the District.

A student suffering from a communicable disease shall be excluded from school to protect the student's own welfare and also to protect other students from illness. Early recognition of a communicable disease is of prime importance. The administrator or county health director shall make the decision for exclusion and readmission.

Pediculosis (Lice Infestation)

Students with pediculosis shall be excluded from school until treated with a pediculicide.

Adopted: June 13, 2017

I confirm that I have read, understand and agree to the above policy and procedure for enrollment in the San Carolus Unified School District No 20.

Parent/Guardian Name – Please Print

Student Name

Grade

Parent/Guardian Signature

Date

Our Vision Statement- We will become an effective student focused learning community graduating culturally confident citizens.

P.O.BOX 207 ~San Carlos Avenue~San Carlos, Arizona 85550 Phone (928) 475-2315, Fax (928) 475-2301

Student Name: _____ Date of Birth: _____

San Carlos School District No. 20 Health Office Information

SY 2023-2024

Here at the San Carlos School District we try to provide a safe environment for the students and staff, often basic first aid is practiced to ensure the safety of our students and staff.

Arizona State Law prohibits us from treating any condition without written permission from the parents and/or guardians.

The health office staff will contact you in cases that require your child to be sent home.

Below is a list of over-the-counter medications that can be provided to your student in the event his/her symptoms deem it necessary:

Tylenol (acetaminophen)	Hydrocortisone cream (skin irritation)	Bacitracin ointment (cuts/scratches)
Oral pain relief gel	Saline eye wash	Lice shampoo (individual basis)
Hand Lotion	Saline eye drops	Lip balm
Tums (antacid tablets)	Cough drops	Seasonal Allergy Medication
Benadryl Cream (anti-itch)		Vaseline (dry skin)

Information on past medical history/health concerns would be helpful in providing the best care for your child: Please indicate whether or not your student has experienced any of the following conditions:

Seasonal Allergies Yes___ No___	Heart Condition Yes___ No___	Seizures (Epilepsy) Yes___ No___	Chronic Ear Infections Yes___ No___	Vision Concerns Yes___ No___
Hearing Concerns Yes___ No___	Asthma** Yes___ No___ ***See Next Page	History of Chicken Pox Yes___ No___	Weakened Immune System Yes___ No___	Food, Medication, or Bee Allergy*** Yes___ No___ ***See next page

If you answered yes to any of the above conditions please explain:

DOES YOUR CHILD TAKE DAILY MEDICATIONS? YES_____NO_____ If your child requires medication during school hours you must see the SCHOOL HEALTH OFFICE STAFF to sign a medication consent form; your child will not be given medication until the medication consent is signed. The medication must be delivered to health office in the **ORIGINAL** Prescription Bottle with the student's name listed, the name of the medication and prescription doctors name. Governing Board Policy JLCD.

I: _____ give permission for health office staff to provide my student first aid care, VISION & HEARING screening, any medication listed above and/or call the local Emergency Medical Transport service in the event of an emergency during school hours.

Parent/Guardian signature: _____ Date: _____

Emergency Care and Medication SY 2023-2024

Asthma/Reactive Airway Disease

If your student has Asthma, it is recommended they have an inhaler at school (if prescribed). The Health Services offices have Albuterol nebulizer treatments available for students experiencing severe shortness of breath. School Health Personnel will attempt to contact you prior to administering Albuterol and update you on your student's condition after administration and if further medical services will be required.

By signing below you give SCUSD Health Services Personnel permission to administer Albuterol nebulizer treatment for your student with Asthma who is experiencing severe shortness of breath with dose determined by the student's weight.

Student Name: _____ Date of Birth _____

Parent/Guardian Signature: _____ Date _____

Provider Signature: _____ Date _____

SEVERE FOOD and BEE ALLERGIES

If your student has Severe Food or Bee Allergies, it is recommended they have an Epi Pen at school (if prescribed). The Health Services offices have Epi Pens treatments available for students experiencing severe Allergic Reactions. School Health Personnel will attempt to contact you prior to administering Epi Pen and update you on your student's condition after administration. If an Epi Pen is administered to your student, EMS will be contacted to transport your student to the Emergency Room for evaluation and continued treatment.

By signing below you give SCUSD Health Services Personnel permission to administer Epi Pen for treatment for your student with Severe Allergic Reaction who is experiencing a Severe Allergic Reaction with dose determined by the student's weight.

Student is allergic to: _____

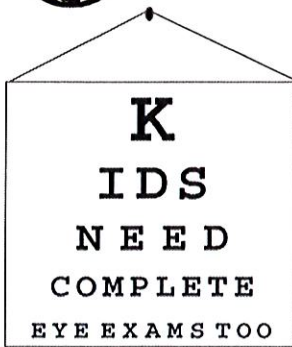
Student Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

Provider Signature: _____ Date: _____



EYE EXAM PERMISSION FORM



Eye exams will be conducted at the school throughout the school year by an Optometrist from San Carlos Apache Healthcare.

Good vision is essential to your child's development, success in school, and overall well-being.

A comprehensive eye exam includes vision testing to assess if glasses are needed, evaluation of eye muscles, and overall eye health.

Dilation will not be done at this exam.

The visual system develops throughout childhood. It is critical to catch vision issues early to assure the visual system can fully develop. If a child's eyes cannot send clear images to the brain, his or her vision may become limited in ways that cannot be corrected later in life. The child may develop Amblyopia (lazy eye). If the brain can't interpret the image easily it will ignore that eye causing it to not develop fully.

Often times, children do not complain of not being able to see well, especially if their vision has always been poor. It is what is normal for them. If children are unable to see the board at school, they will have difficulty learning. Sometimes glasses are essential in helping a child succeed in school.

It is important if your child needs glasses to fill the prescription. Teach your child how to care for his or her glasses and keep them in good condition. Make sure they are wearing them, especially during school. If your child is having a hard time keeping track of their glasses arrangements can be made with their teacher to keep the glasses at school and available to the student.

Please note if your child has ACCHS or private insurance they will cover most or all of the cost of your child's glasses.



Please be sure your child brings their glasses to the exam if they already wear them.

Thank you for your participation in your child's eyecare!

Please complete the following portion and return this form to the school

☐

I give permission

☐

I do not give permission

For my child to receive an eye exam during the 2023-2024 school year, I understand that glasses may be needed for my child and that there may need to be additional follow-up appointments to be scheduled at San Carlos Apache Healthcare Optometry.

Child's Name

Date of birth

Signature of parent or legal guardian

Date



HEARING EXAM PERMISSION FORM

DATE: _____

Dear Parent/Guardian:

If your son/daughter fails the school hearing screening, a more extensive hearing exam will need to be completed on-site with the audiology team. Many hearing losses today may be corrected before they become serious. While some individuals have a temporary hearing loss during a cold or other infection, it is important that the cause of such a temporary loss be determined and treated to protect the individual's future hearing.

Why is it important to have your child's hearing tested? Hearing is important for speech, language development, reading and learning. While a hearing screening can detect if your child needs further testing, a complete diagnostic evaluation will determine the full health/status of all the parts of each ear and whether intervention is necessary. Even if your child has passed a hearing screening previously, their hearing can change. Hearing loss is invisible and your child may appear to be distracted and not paying attention in class or at home.

The hearing test will consist of one or more of the following tests:

- Tympanometry: Screening of middle ear function to determine presence/absence of middle ear fluid and/or wax which could interfere with normal hearing.
- Otoacoustic Emissions (OAEs): An objective test that screens for an estimate of hearing sensitivity.
- Audiometry: In depth testing of hearing acuity.

It is important to your child's school success to have a professional evaluation completed following a failed school screening. If a problem is found and corrected, it may help your child do better in school.

Please complete the following portion and return this form to your child's school.

☐

I give permission

☐

I do not give permission

For my child to receive a full diagnostic hearing test during the 2023-2024 school year. I understand that hearing aids may be needed for my child and that there may need to be additional follow up appointments to be scheduled at the San Carlos Apache Healthcare Audiology department.

Childs Name: _____ Date of Birth: _____

Signature of Parent/Guardian: _____



Izee' Baa Gowah
San Carlos Apache Healthcare

Fluoride Varnish and Dental Sealant Permission Form

Dear Parent or Guardian,

Cavities can be prevented through brushing with toothpaste every day, having dental check-ups and the use of fluoride and dental sealants. With your permission, we will provide fluoride varnish and dental sealants to your child at their school this year and send home a letter informing you of any dental problems your child may have and how to help them.

Fluoride Varnish

Procedure: A high concentration fluoride varnish is brushed directly onto the teeth.

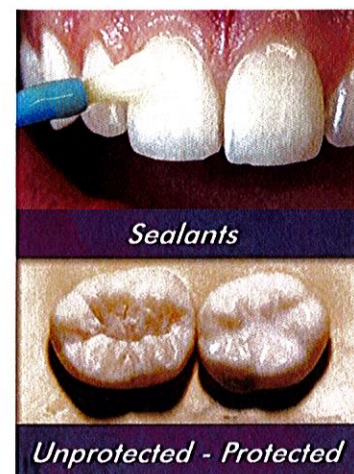
Benefits: Fluoride Varnish coats the outside of the tooth and strengthens enamel.

Dental Sealant

Procedure: The back teeth are washed and dried and then a plastic coating is painted on the grinding surface of the back teeth.

Benefits: Sealants prevent food, candy and acids from getting into the grooves of the teeth and causing a cavity

THERE ARE NO SHOTS, NO NUMBING, NO DRILLING, NO FIXING CAVITIES OR PULLING TEETH.



Dental Sealants help protect kid's teeth.

I give my permission for:

Student Name _____ Date of Birth _____

Name of School _____ Grade _____ Teacher _____

to be screened and have fluoride varnish and dental sealants placed on his or her teeth. I understand that this is a preventive program and the products are safe and effective and there will be no shots, numbing, drilling, fixing cavities or pulling any teeth.

Please list any physical conditions that the school should be aware of (asthma, allergies, recurring illnesses, Disabilities, chronic illnesses, etc.): _____

Parent or Guardian Name (print) _____

Signature _____ Date _____

Telephone Number _____ Mailing Address _____

Thank you for your cooperation and your concern for your child's dental health.

San Carlos Unified School District
2023-2024 JOM NEEDS ASSESSMENT SURVEY

Please choose and rank any needs that should be provided through the JOM Program to Native American Students.

In the "other" section, please write a need that should be provided that is not listed.

NEEDS	Very Important	Important	Not Important
Tutoring	1	2	3
Native American Culture Programs	1	2	3
Math/Science Improvement	1	2	3
Reading/Language Improvement	1	2	3
School Supplies	1	2	3
Career Counseling	1	2	3
Education Incentive Awards	1	2	3
Educational Support	1	2	3
School Fees (test fees, sports fees, PE clothes)	1	2	3
Graduation Gowns	1	2	3
Other	1	2	3

Please check the category that best describes you:

_____Parent/Guardian _____IN LOCO PARENTIS (Grandparent/Extended Family Member)

Please return this survey to your child's teacher or to the Johnson O'Malley Program office by August 16, 2023, and your child's name will be placed in a drawing for a gift item valued up to \$25.00.

Name: _____ Child's Name: _____

Phone Number: _____ Email: _____

Thank you