



# Salt River Elementary School New Student Enrollment Packet

Welcome to Salt River Elementary School! The following forms are required for new student enrollment. The pre-enrollment checklist on page 2 will help you gather and complete necessary documents.

Thank you for your interest in Salt River Schools. We hope you and your student have a successful and enjoyable educational experience.

Salt River Schools and Salt River Elementary School do not discriminate on the basis of race, color, national origin, sex, disability, age, pregnant or parenting students in its programs and activities, including in admission and enrollment. Salt River Schools abides by the procedures mandated by Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA) and will provide eligible students with disabilities a free appropriate public education (FAPE), including following Section 504 plans and Individualized Education Programs (IEPs).



## Salt River Elementary School

11562 E. Highland Ave., Scottsdale, AZ 85256  
(Physical Address)

[SRES.SaltRiverSchools.org](http://SRES.SaltRiverSchools.org)

Ph: 480-362-2400 | Fax: 480-362-2401

**MATT'O T'VE:M AB O JU | *O'odham***  
**MAT ASHEEVK UWESHUUM | *Piipaash***  
**WE WILL DO THIS TOGETHER | *English***



## Salt River Elementary School PRE-ENROLLMENT CHECKLIST FOR NEW STUDENTS

- |  |   |
|--|---|
| <input type="checkbox"/> Student Enrollment Application (Sections A-G)                     | <input type="checkbox"/> AZ Home Language Survey  |
| <input type="checkbox"/> Current Immunization Record                                       | <input type="checkbox"/> AZ Residency Documentation   |
| <input type="checkbox"/> Proof of Residence  | <input type="checkbox"/> AZ Affidavit of Shared Residence   |
| <input type="checkbox"/> Birth Certificate (or other proof of identity and age)            | <input type="checkbox"/> SRS Student Health History (3 Pages)   |
| <input type="checkbox"/> Tribal Identification Card  | <input type="checkbox"/> SRS Dental Care Permission Form  |
| <input type="checkbox"/> Student Records Request   | <input type="checkbox"/> Confidential (Health) Information Permission Form  |
| <input type="checkbox"/> McKinney-Vento Homeless Eligibility Questionnaire                 | <input type="checkbox"/> Bus/Transportation Forms (4 pages)   |
| <input type="checkbox"/> School/Discipline History   | <input type="checkbox"/> Technology Use Agreement   |
| <input type="checkbox"/> Guardianship/Custodial Parent/Court Order Notices (If applicable) | <input type="checkbox"/> Media Opt-Out Form   |
| <input type="checkbox"/> Withdrawal Notice from previous school                            | <input type="checkbox"/> Food Services Information  |
| <input type="checkbox"/> Attendance Agreement  | <input type="checkbox"/> Household Literacy & Culture Survey  |
| <input type="checkbox"/> SRES/BIE Home Language Survey                                     | <input type="checkbox"/> ESEA Title I Income Eligibility Form<br><i>(Not included in this packet until July 2023; SRES will reach out to those who did not receive the form.)</i> |

**Please note: *Students entering Kindergarten must be potty trained prior to the first day of school. If you have questions or need resources, please call SRES at 480-362-2400.***

Teacher/Classroom: \_\_\_\_\_ ID: \_\_\_\_\_ SAIS ID: \_\_\_\_\_ School Year: \_\_\_\_ - \_\_\_\_  
Advocate/Other: \_\_\_\_\_

## A. STUDENT ENROLLMENT APPLICATION

PLEASE PRINT CLEARLY

Student's Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name

Student's Preferred Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: Female  Male   
City State

Street Address (must match AZ proof of residency): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different than street address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Ethnicity** (check one):

- Hispanic or Latino  
 Not Hispanic or Latino

**Race** (check all that apply):

- Black or African American  
 Native Hawaiian or other Pacific Islander  
 Other  
 White  
 American Indian or Alaskan Native  
 Asian

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

## B. PARENT/LEGAL GUARDIAN INFORMATION

The information provided will be used for emergency and communication purposes. Students 18 years and older must provide personal contact information including address, contact phone number(s) and email.

Parent/Guardian #1 Name: \_\_\_\_\_ Sex:  Female  Male

Relationship to Student: \_\_\_\_\_ Parent #1 in Military:  Yes  No

Student lives with Parent/Guardian #1:  Yes  No Parent/Guardian #1 has custody of Student:  Yes  No  
 SAME AS STUDENT

Address/City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Sex:  Female  Male

Relationship to Student: \_\_\_\_\_ Parent #2 in Military:  Yes  No

Student lives with Parent/Guardian #2:  Yes  No Parent/Guardian #2 has custody of Student:  Yes  No  
 SAME AS STUDENT

Address/City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

## C. EMERGENCY CONTACTS

The contacts listed below may assume responsibility for your child if the parent/guardian cannot be reached, they will be allowed to check your child out of school. A **minimum of two (2)** emergency contacts must be listed.

**Emergency contacts must be at least 18 years of age.**

	EMERGENCY CONTACT #1	EMERGENCY CONTACT #2	EMERGENCY CONTACT #3	EMERGENCY CONTACT #4	EMERGENCY CONTACT #5
<b>Name (First &amp; Last)</b>					
<b>Relationship to Child</b>					
<b>Phone</b>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
<b>Alt. Phone</b>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

## D. STUDENT LEGAL CONSIDERATIONS

Please mark any items below that apply to this student and provide the school with copies of the related documents.

- No** legal considerations exist for this student (please go to section F.)
- Student is in foster care
- Court Appointed Custody
- Power of Attorney
- Student Not Living with Biological Parents
- Student has an injunction Against Harassment (Please list unauthorized persons in Section E.)
- Student has an Order of Protection (Please list unauthorized persons in Section E.)
- Student is covered by a Court Order Regarding School
- CPS Safety Plan

## E. UNAUTHORIZED PERSONS

I have court papers on file at the school preventing the following person(s) from picking up and/or having contact with my child.

	Name	Relationship to Child	Staff Initials	Effective Date	Limitations May not:
1.	_____	_____	_____	_____	<input type="checkbox"/> Pick up <input type="checkbox"/> Contact <input type="checkbox"/> Pick up <input type="checkbox"/> Contact
2.	_____	_____	_____	_____	<input type="checkbox"/> Contact

Parent/Legal Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## F. SPECIAL EDUCATION PROGRAMS

Information is requested solely for purposes of ensuring continuity of services upon enrollment and will not be considered in making enrollment decisions.

**1. Has this student ever participated in special education classes or programs?**

No (Go to question 3)     Yes (Go to question 2)

**2. If yes, please choose all that apply.**

SEI/English Language Learners

ELP (Extended Learning Program)/Gifted/Accelerated

Special Education:     ED     Autism     SLD     MIID     MOID     SID     OT     SLI

Other: \_\_\_\_\_

**3. Does this student have a current IEP or IFSP?**     No     Yes (Please provide a copy)

**4. Does this student have a current MET report?**     No     Yes (Please provide a copy)

**5. Does this student have a current 504 plan?**     No     Yes (Please provide a copy)

## G. ENROLLING PARENT/GUARDIAN SIGNATURE

I affirm all registration & emergency information on this form is accurate and understand it is my responsibility to notify the school in writing of any changes. I further affirm, by signing below, that I am a legal Arizona resident.

\_\_\_\_\_  
Parent/Legal Guardian Signature:

\_\_\_\_\_  
Date:

### FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

DATE ADDED TO WAIT LIST: \_\_\_\_\_

ENROLLMENT DATE: \_\_\_\_\_

ENROLLMENT CODE: \_\_\_\_\_

DATE ENTERED IN SIS \_\_\_\_\_

(INITIAL): \_\_\_\_\_

CLASSROOM \_\_\_\_\_

ADVOCATE \_\_\_\_\_

MEETING DATE \_\_\_\_\_

MEETING WITH \_\_\_\_\_

# STUDENT RECORDS REQUEST

## Authorization for Release & Request of Student Records to Salt River Elementary School

480-362-2400 (Phone) | 480-362-2401 (Fax)

### Student Information:

_____	_____	_____	_____
Legal Last Name	First Name	Middle Name	Date of Birth
_____			
Previous School Attended			
_____			
_____	_____	_____	
City	State	Zip	
_____			
_____	_____	_____	
Phone #	Fax #	Email	

### I HEREBY AUTHORIZE THE ABOVE REFERENCED SCHOOL TO RELEASE THE FOLLOWING RECORDS TO SALT RIVER SCHOOLS:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Birth Certificate           | <input type="checkbox"/> IEP or 504 with MET                      | <input type="checkbox"/> Legal Documents      |
| <input type="checkbox"/> Immunizations               | <input type="checkbox"/> Standardized Test Scores                 | <input type="checkbox"/> Health Records       |
| <input type="checkbox"/> Report Card/Progress Report | <input type="checkbox"/> Psych Records                            | <input type="checkbox"/> Disciplinary Records |
| <input type="checkbox"/> Attendance Records          | <input type="checkbox"/> Official Transcript (mailed)             | <input type="checkbox"/> Withdrawal Form      |
| <input type="checkbox"/> Withdrawal Grades           | <input type="checkbox"/> Unofficial Transcript (faxed or emailed) |   |
| <input type="checkbox"/> Other: _____                |   |   |

In accordance with the Family Educational Rights and Privacy Act of 1974 and applicable Arizona State Law, PARENT PERMISSION IS NO LONGER REQUIRED when records are requested by authorized school personnel.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Salt River Schools Representative \_\_\_\_\_ Date: \_\_\_\_\_

**All mailed correspondence must be marked attention to the school referenced above and addressed to:  
10005 E. Osborn Rd. Scottsdale, AZ 85256**

# MCKINNEY – VENTO HOMELESS ELIGIBILITY QUESTIONNAIRE

NAME OF SCHOOL: Salt River Elementary School

Student Legal Last Name \_\_\_\_\_

Student Legal First Name \_\_\_\_\_

**This questionnaire is intended to address the McKinney-Vento Homeless Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.**

**1. Presently, where is the student living? (check one box in Section A or Section B)**

SECTION A
The student <b>does not lack</b> a fixed, and regular adequate nighttime residence and: <input type="checkbox"/> Choices in Section B do not apply. <b>STOP: If you checked SECTION A, you DO NOT need to complete the remainder of this form.</b>

SECTION B
The student lacks a fixed, regular and adequate nighttime residence and: <input type="checkbox"/> Shares housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as <i>doubled-up</i> ). <input type="checkbox"/> Lives in a motel, hotel, trailer park, camping grounds or similar setting due to lack of alternative adequate accommodations. <input type="checkbox"/> Lives in an emergency or transitional shelter; or was abandoned in a hospital. <input type="checkbox"/> Primary nighttime residence is in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (e.g. park benches, etc.). <input type="checkbox"/> Lives in cars, parks, public spaces, abandoned buildings, substandard housing, bus stations, or similar setting. <input type="checkbox"/> Is a migratory child living in the circumstances described above? <b>CONTINUE: If you checked a box in SECTION B complete #2 and the remainder of this form.</b>

**2. The student lives with:**

- 1 parent
- 2 parents
- 1 parent & another adult
- A relative, friend(s) or other adult(s)
- Alone with no adults
- An adult that is not the parent or the legal guardian

Student Date of Birth: \_\_\_\_\_ Students Age: \_\_\_\_\_  Male  Female

Parent(s)/Legal Guardian(s)  
or Adult Student Name: \_\_\_\_\_

Current  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the parent /guardian checked Section A above, completion of form is not required. For any choices in Section B, this form must be completed and faxed to the school liaison immediately after completion. All campuses must keep original forms separately from the Student Permanent Record for audit purposes during the year.

<b>School Official Use Only – Campus Administrator’s determination of Section A circumstances:</b>
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Student's Legal Name: \_\_\_\_\_

### HISTORY OF STUDENT DISCIPLINE

Has this student been long term suspended or expelled from a school?  No  Yes

Did the student withdraw to avoid discipline such as long term suspension or expulsion?  No  Yes

Date(s) of Suspension/Expulsion: \_\_\_\_\_

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

Length of Suspension/Expulsion: \_\_\_\_\_

Reason for Suspension/Expulsion: \_\_\_\_\_

### SCHOOL HISTORY INFORMATION

1. Name of **last** school attended: \_\_\_\_\_ Dates: \_\_\_\_\_

2. Type of school:  Public  Private  Charter  Alternative  
 Other: \_\_\_\_\_

3. Has this student ever attended a Salt River Community School?  No (Go to #4)  Yes (please answer 3.a. & 3.b.)  
a. If yes, which school?  ECEC  SRES  
b. Please indicate for which grades? \_\_\_\_\_ Years attended: \_\_\_\_\_

4. Please list **all** schools attended:

School Name	City, State	Years Attended





## Attendance Agreement 2024-25 SY

### Student Agreement: I will...

- Attend school regularly and arrive before 7:45 AM each morning.
- Provide the school office with a written notice of any absences upon student's return.
- Comply with directive of school staff in regards to attendance.
- Accept any/all consequences as a result of being truant and/or tardy.

*My signature indicates that I have read and understand the expectations of Salt River Schools and Salt River Elementary School, as well as the consequences regarding school attendance and truancy.*

**Printed Student Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Parent/Legal Guardian signature for student younger than 10 years of age)

### Parent/Legal Guardian Agreement: I will...

- Ensure that my child attends school regularly and arrives on time for school each morning.
- Call the Attendance Line at 480-362-2467 daily when child is absent.
- Provide written notice/documentation for the absence (i.e. Medical note, appointment slip)
- Attend scheduled meetings with school administrators and school staff, as necessary.
- Accept any/all consequences related to my child's attendance.

*My signature indicates that I have read and understand the expectations of Salt River Schools and Salt River Elementary School, as well as the consequences regarding school attendance and truancy.*

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

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**This form must include both signatures. Your registration will be delayed until the form is complete.**



## Attendance Agreement 2024-25 SY

Salt River Schools and Salt River Elementary School value the importance of working with families and the Community to help students achieve high academic and social standards. Our commitment to education involves a strong Community/school relationship that will produce regular attendance for all SRPMIC students. This agreement is a commitment that supports the partnership in educating our students.

Salt River Schools Expectations and Consequences for Absences and Truancy:

- Parents/Legal Guardians of children 5 to 18 years of age are required to have their children enrolled in school.
- Parents/Legal Guardians are responsible for having their children in school on all days in which school is in session. Students are required to arrive to school on time.
- Parent/Legal Guardians are responsible for contacting their child’s school when their child is absent to verify the reason for that absence. If the school is not contacted, the absence will be considered unverified. The SRES Attendance Line is 480-362-2467.
- When a student is absent for a reason that is not a legally excused absence, that absence will be unexcused.
- Any student who is considered truant will be referred to an Attendance Officer and will be subject to the SRPMIC Truancy Ordinance, which may result in substantial fines.
- Any days of out-of-school suspension will count as unexcused absences for the purpose of the school’s attendance policy.
- Students who are truant are not eligible to attend and/or participate in school-sponsored activities.

Student Signature: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

**This form must include both signatures. Your registration will be delayed until the completed form is signed and returned to the school registrar.**



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

Parent/Guardian Name(s): \_\_\_\_\_

### Instructions

This Home Language Survey (HLS) is to be completed by the parent or legal guardian of the student enrolling at Salt River Elementary School. The information on this form helps us identify students who may need support in increasing the English language skills necessary for success in school. *Completion of the survey is optional*, though indicating English is **not** your child's first language may lead to additional resources or supports to assist in your child's development in the English language for academic achievement.

**Process:** If your child is identified as a possible English Language Learner through this survey, they will go through a scored screening process to make a final determination. A child is considered an English Language Learning if they score a 26 or lower on the Kindergarten W-APT or below a 4.5 on the WIDA Screener for students in grades 1-12. Parents/guardians will receive a notification letter of their child's score and eligibility. If your child is identified as an English Language Learner you will be notified of educational services they are eligible to receive, and you will have the option to decline some/all services. Your child will also be tested annually to determine English language growth and proficiency, and their score will be entered into the Native American Student Information System (NASIS). If you have any questions, please contact **Erica Richardson at 480-362-2400 or [Erica.Richardson@saltriverschools.org](mailto:Erica.Richardson@saltriverschools.org)**.

### Student Languages / Please check Yes or No

1. Was **English** the **first language** used by this student?  
 **Yes:** Go to Question 2  
 **No:** Go to Question 3
2. When at home, does this student hear or use a language **other than English** more than half of the time?  
 **Yes:** Go to Question 3  
 **No:** Student is ineligible for English Language Proficiency Screening. HLS is complete.
3. When interacting with their parents, guardians, or caregivers, does this student hear or use a language **other than English** more than half of the time?  
 **Yes:** Administer ELP screener. Record other language(s). HLS is complete  
 **NO:** Place form in student's cumulative file

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HLS results: Screen / Do Not Screen (*circle one*)

Name of primary language used by the student or used more than half of the time at home.

Language: \_\_\_\_\_



## 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?**

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

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

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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)



**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
- Residential lease or rental agreement
- Water, electric, gas, cable, or phone bill
- Bank or credit card statement
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

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.



**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
- \_\_\_\_\_ 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



## STUDENT HEALTH HISTORY

The information provided is confidential and is necessary for the health and safety of the student to assist in promoting optimal healthcare to facilitate the academic success of each student. Thank you for your time. Must be completed and signed by a parent/legal guardian.

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Clinic/Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### I give my permission for my child to receive the following over the counter medication: (initial your selection)

- A standard dose of Ibuprofen (e.g. Motrin) or Acetaminophen (e.g. Tylenol) may be given every 4-6 hours for the temporary relief of minor aches and pains.
- Throat lozenges/cough drops for cough or minor throat irritation.
- Antacid for upset stomach without fever or indigestion after eating, with no fever.
- Benadryl for minor allergic reactions.
- The following items may be used as needed for first aid: triple antibiotic ointment, hydrocortisone cream (anti-itch), sting swabs applied to insect bites/stings, eye drops, dental wax (for braces), petroleum jelly for itchy skin, external analgesic balm (e.g. Bengay) for muscle pain of known origin.
- I do not permit my child to receive over-the-counter, non-prescription medication.*

### PLEASE INITIAL YOUR SELECTION(S):

- I give permission for staff to apply sunscreen to student.
- If emergency service involving medical action or treatment is required and neither the parents nor guardian can be contacted. I hereby consent for the child named above to be given medical care and/or be transported by the emergency response unit.

Parent/Legal Guardian or Adult Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT HEALTH HISTORY - *Continued*

Student's Name:	Grade:	Date Completed:
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**DISEASE/DISORDER HISTORY OR ILLNESS** - Please check any of the following that apply:

	Yes	No		Yes	No		Yes	No
Allergies/Environmental			Convulsions/Epilepsy/Seizure			Hepatitis or Liver Problem		
Allergies/Food			Developmental Disorder			Hypertension		
Allergies/Insect Stings or Bees			Dizziness or Fainting			Immune System Disorder		
Allergies/Latex			Diabetes			Mobility Limitation		
Allergies/Medications			Dietary Restriction			Psychological/Emotional Problem		
Allergies/Other			Digestive/Bowel Disorder			Scoliosis		
Asthma/Breathing Disorder			Eating Disorder			Skin Condition		
Behavioral Disorder			Endocrine Disorder			Urinary/Bladder/Kidney Disorder		
Bladder/Kidney Disorder			Head or Spinal Injury			Speech Disorder		
Bleeding/Clotting Disorder			Headaches/Migraines			Surgery or Hospitalization		
Bone/Joint/Muscular Disorder			Hearing Problem			Vision or Eye Disorder		
Cancer			Heart Defect or Disease			Other (explain below)		

Was a medical evaluation performed for any condition/disorder?  No  Yes

Is the student currently under medical treatment or have chronic health conditions that may require a care plan?  No  Yes

If yes, please describe and list the doctor's name, contact information, diagnosis and attach the care/treatment plan.

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Student is under a doctor's care for Asthma:  No  Yes\* If yes, medications taken: \_\_\_\_\_

\*An *Asthma Action Plan* form will need to be completed prior to enrollment by the Doctor to ensure a safe school environment for your child.

My child is under a doctor's care for a **Severe Allergy** to \_\_\_\_\_

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Describe the allergic reaction: \_\_\_\_\_

Was an Epi-pen prescribed?  No  Yes (If yes, an *Allergy Action Plan* form will need to be completed by the doctor to ensure a safe school environment for your child.)

My child is under a Doctor's care for Diabetes:  No  Yes Check type: Type 1 \_\_\_\_\_ Type 2 \_\_\_\_\_ (If yes, a *Diabetic Medical Management Plan* will need to be completed by the Doctor to ensure a safe school environment for your child.)

My child is under a Doctor's care for Seizures:  No  Yes, describe type and/or medications taken: \_\_\_\_\_

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A *Seizure Action Care* Form will need to be completed by the doctor to ensure a safe school environment for your child. All Asthma/Allergy/Diabetes/Seizure care plan forms will be completed by the Health Assistant and provided for your signature.



## MEDICATION HISTORY

Does your child take medication on a daily basis (include homeopathic and nutritional supplements)?  No  Yes Please list all medications taken and what the medication or supplement is for and the dosage given:

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## SOCIAL HISTORY

Have there been any changes in your family during the past year, such as:

Separation, divorce, or remarriage?  No  Yes

Death or serious illness?  No  Yes

Any other situation, which may affect the student?  No  Yes

If yes, please explain:

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## MISCELLANEOUS

Please list any condition and/or restrictions that your child may have which might limit the students' activities in school. Please include any comments that you think might be helpful:

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Parent/Guardian/Adult Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# DENTAL SCREENING, SEALANTS AND FLUORIDE VARNISH PERMISSION FORM

We are pleased to be able to offer **FREE** Dental Screen, Sealant and Fluoride Varnish program to our students. The Salt River Dental Clinic will conduct a dental screening of your child's teeth, if dental work is needed, a note will be sent home. The Salt River Dental Clinic will complete the sealant program. A dentist will examine your child's teeth before the sealants are applied. A provider will apply the sealants at the school.

## ONLY THOSE WITH A RPHC DENTAL CLINIC CHART WILL BE SEEN BY THE DENTAL STAFF

**Fluoride Varnish** has been used to strengthen teeth and prevent tooth decay for over 40 years. The American Dental Association recommends using fluoride products to prevent tooth decay. Fluoride varnish is a quick way to prevent tooth decay as well as stop small cavities from becoming big cavities. It takes less than a minute to apply fluoride varnish. The varnish dries immediately, so the child does not swallow fluoride. Varnish may stain the teeth yellow for a day or two, but the protection lasts for 3 to 4 months. **All products are latex free.**

**Dental Sealants** are a plastic coating that is painted on the crown (top) of molars to prevent tooth decay. The American Dental Association recommends dental sealant for children and young adults. Sealants can be applied as soon as the molars come in. Application of the sealant is painless and the teeth that are to be sealed will be cleaned and dried. A special light is used to harden the plastic. Food and drink can immediately be consumed after receiving the sealant.

I give my permission for my child to receive:

- Fluoride Varnish:** *I have read the information above, and understand that I am giving permission for dental procedures that have been shown to prevent tooth decay.*
  
- Sealants:** *I have read the information above, and understand that I am giving permission for dental procedures that have been shown to prevent tooth decay.*
  
- No services wanted at this time.**

Print Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the student allergic to anything?  No  Yes, to the following: \_\_\_\_\_

Is the student being treated by a doctor for anything?  No  Yes, for the following: \_\_\_\_\_

Is the student on any medication?  No  Yes (please list): \_\_\_\_\_

Parent/Guardian or Adult Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## PERMISSION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

Student's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

I, \_\_\_\_\_ (*printed first and last name*), the parent/legal guardian of the student listed above, give consent for my child's health care providers to release information regarding the results and treatment plan of any or all of the following exams or screenings to the Salt River Schools Health Office. I authorize my child's health care providers to exchange information pertinent to the daily health care plan for my child with the Health Office staff at Salt River Schools.

- Physical exam
- Immunization record, schedule
- Dental exam
- Nutrition assessment and diet plan
- Developmental screenings
- Mental health/Behavioral screening
- Vision screening & follow-up treatment
- Hearing screening & follow-up treatment
- Emergency/Urgent care visit notes
- Health Action Plans

By doing so, I acknowledge the medical providers and the Salt River Schools Health Office will communicate with one another to deliver the necessary documents to serve my child. I also acknowledge that any health information shared about my child will remain confidential and may be accessed by health staff at any school site within Salt River Schools (specifically, the Early Childhood Education Center, Salt River Elementary School, and the Accelerated Learning Academy).

I certify that I am the legal parent and/or legal guardian of the above-mentioned child. I authenticate there is no applicable court order prohibiting my contact with the above-named child, restricting access to confidential information about my child.

If I am a guardian, I certify that there is a valid court order granting me guardianship of the above-named child. I can attest that the order remains valid at the date of this request and that the order has not been vacated, superseded, or dismissed.

I acknowledge the information to be released, and I understand that I may revoke this consent at any time. I hereby waive Salt River Schools from any legal liability for the transfer of the requested information.

\_\_\_\_\_  
Parent/Guardian/Adult Student Signature

\_\_\_\_\_  
Date



# School Bus Transportation Form

Please read the following information, complete all applicable fields, and submit directly to your school registrar to ensure transportation on the first day of school. The registrar will send your request form to the Education Transportation Department. **\*NOTE: Only Kindergarten & Early Childhood Education Center students are eligible for door-to-door pick-up\***

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

School Attending: \_\_\_\_\_

Grade: \_\_\_\_\_

### INDICATE IF STUDENT WILL OR WILL NOT REQUIRE BUS SERVICES: (CHECK BOX)

**WILL NOT** require bus service (sign & date below)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**WILL** require bus service (check one)

AM ONLY       PM ONLY       BOTH AM & PM

**PLEASE PLACE AN "X" NEXT TO RESIDENCE ON MAP PROVIDED ON PAGE 2 AND PROVIDE PLACE OF RESIDENCE BELOW. (REQUIRED)**

Home Address: \_\_\_\_\_

(Cross Roads, Street): \_\_\_\_\_

**INDICATE AN ALTERNATE PICK-UP AND DROP OFF IF NEEDED. (OPTIONAL)**

Alternate Address: \_\_\_\_\_

(Cross Roads, Street): \_\_\_\_\_

Signature below indicates the home address listed above is the true residence of the student named above. I understand that I/we are obligated to file a new application if we change any of the above addresses. I understand the rules for safe bus riding and accept the responsibility to ensure my child(ren) understand and abide by the Parent & Student Transportation Agreement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*\*\* Processing may take up to five (5) school days. Transportation Services will notify you of your start date of services. \*\*\***

For questions, please call: School Bus Coordinator at 480-362-2127 or

Transportation Manager/Facilities Liaison at 480-362-2121



SALT RIVER ELEMENTARY SCHOOL  
**BUS STOP SUPERVISION WAIVER FORM**  
(KINDERGARTEN STUDENTS ONLY)



Parent/Guardian should fill out, sign and submit to the Salt River Elementary School (SRES) and Education Transportation Department for further review/approval to provide permission for the student bus transportation to release your **Kindergarten** student(s) at their assigned bus stop with a responsible person to receive your student(s) OR to identify the person(s) authorized to receive the student(s) other than you.

_____	_____
Student Name	Teacher
_____	_____
Student Name	Teacher

**Parent/Guardian:**

I authorize the Education Transportation Department to drop off my student(s) under the supervision of **ONLY the below designated person(s)** who can receive my student(s) when released from the school bus at their assigned bus stop.

**NOTE: If designated person listed below (limit of two) is the student's older sibling(s) they must be in the first or higher grade. If the older sibling stays for after school program, or not on the bus for any reason, other provisions must be made for your younger child to have proper supervision when he/she is released at the bus stop from the bus.**

1. _____	_____	_____
Name	Relationship	Phone Number
2. _____	_____	_____
Name	Relationship	Phone Number

**NOTE: If designee above is not present at bus stop, bus driver will return your student(s) to school. If student(s) is returned 3 or more times, bus riding privileges will be reviewed and may be discontinued.**

_____	_____	_____
Parent/Guardian Signature	Print Parent/Guardian Name	Date
_____	_____	_____
Education Transportation Department Signature		Date

Please submit this signed form either in-person to the Education-Administration Building or you may mail it to the following address: SRPMIC Education Transportation, 10005 E. Osborn Rd., Scottsdale, AZ 85256.

**BEFORE THIS REQUEST TAKES EFFECT, THE EDUCATION TRANSPORTATION DEPARTMENT WILL REQUIRE A MINIMUM OF 3 SCHOOL DAYS TO PROCESS.**



## Parent & Student Transportation Agreement

Students will have a safer trip if drivers can concentrate on driving, not discipline. Therefore, it is important to note that riding the school bus is a **privilege not a right**, for that reason, students are expected to abide by the following school bus rules and regulations:

1. Students must follow all instructions and requests provided by the bus driver.
2. Students must follow all bus safety procedures.
3. Students must board and exit the bus properly and safely. Students must not go under the bus for any reason.
4. Students must take their assigned seats, if applicable, and remain in their seats. The bus driver reserves the right to move a student's seat if that student is acting in a disruptive manner. Students will keep the aisles clear and keep entire body inside the bus.
5. There will be absolutely no tampering with bus equipment, doors, windows, gears, etc. at any time—especially when waiting for departure.
6. Students will keep their hands off others.
7. Students must be polite and courteous to one another. Bullying will not be tolerated (verbal, physical, cyber, etc.). Students shall talk quietly, and not use vulgar or abusive language.
8. The following behavior will not be tolerated:
  - Throwing objects outside/inside the bus.
  - Eating any food or gum chewing.
  - Fighting, tripping, shoving, cursing, yelling or shouting.
9. Students are allowed to bring bottled water, which must be kept in their bag. No other types of drinks are allowed.
10. Students must depart the bus at their designated bus stop unless a note is signed by parent/guardian, has been turned into the Student Transportation Department.
11. Students are prohibited from carrying weapons, tobacco, alcohol, drugs or anything else prohibited by school on the bus. Students, who violate this rule, may be reported to the Police department.
12. Students must follow all student code of conduct as described in the applicable Student Handbook and the Article 4 – Student Policy, the Article 7 – Student Transportation Policy, where all policies are located online at [www.saltriverschools.org](http://www.saltriverschools.org).
13. **Student Liability:** Students who violate policies and rules of conduct may be denied bus-riding privileges. Students who harm persons or damage any school property may be suspended or expelled from school. Students may also be reported to the Police Department.
14. **Parent Liability:** Students and bus riders who damage community property will be held liable for those damages, according to state/tribal law. In the case of minor children, their parents/guardians are liable. Parents/guardians may be billed for the cost of damage. SRO 5.5-101.
15. **Consequences** - When a student chooses to deviate from appropriate behavior, the steps for consequences will be as follows:

- a. **First Infraction:** The student will receive a warning, which will include a telephone call home to parent/guardian by the school personnel or bus driver.
- b. **Second Infraction:** The student will be suspended from bus privileges for one (1) school day.
- c. **Third Infraction:** The student will be suspended from bus privileges for (5) five school days.
- d. **Fourth Infraction:** The student will be suspended at least twenty (20) school days (approximately one month) or the remainder of the semester, whichever is longer.

**Note:** *The student is required to attend school on the days of bus suspension. Absences during bus suspension are not excused absences. The parent must make all necessary arrangements to make sure that the student attends school.*

We, Student and Parent/Guardian, have read and understand the Parent & Student Transportation Agreement and understand that riding the bus is a privilege and bus driving privileges may be revoked if Student does not follow the Article 4 – Students Policy, Article 7 - Student Transportation Policy, the Student/Parent Handbook and its bus rules. We understand that the policies and handbooks are available online at [www.saltriverschools.org](http://www.saltriverschools.org).

By signing below we agree to abide by all of the above policies, rules and regulations. We clearly understand that infractions may result in suspension and/or termination of student transportation services.

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**Print Student Name**

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**Student Signature**

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**Date**

---

**Print Parent/Guardian Name**

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**Parent/Guardian Signature**

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**Date**

# Technology Acceptable Use Agreement

## For Student(s) and Parent(s)

**1. Introduction:** Electronic information resources are available to students and parents, who are assigned a resource access account. These resources included, but are not limited to the following items, access to electronic devices, Internet access and access to various Education Division related resources. Our goal in providing resource access to students and parents is to promote educational excellence by facilitating resource use, innovation, communication and acceptable use.

**2. Terms and Conditions of this Acceptable Use Agreement:** The student and/or parent signature at the end of this Acceptable Use Agreement is legally binding. The signature also indicates the student and/or parent has carefully read and understands the terms and conditions of appropriate use and thereby agrees to abide.

- a) **Acceptable Use:** Acceptable use means that student and/or parent uses the Education Division provided resources and connectivity to third party resources, such as the internet, in an appropriate manner, abiding by the rules and regulations as described in this agreement.
- b) **Privileges:** The use of electronic information resources is a privilege, not a right. Inappropriate use of resources provided by the Education Division may result in disciplinary action (including but not limited to suspension of account privileges or possible expulsion), and/or referral to legal authorities. Education Division Administration, Site Leaders, and/or the Education Division Information Technology Department, may limit, suspend or revoke access to electronic resource access at any time.
- c) **Resource Access Etiquette:** Each student and/or parent is expected to abide by the generally accepted rules of user etiquette. These rules include, but are not limited to the following:
  - **Be polite.** Never send or encourage others to send abusive messages. Use appropriate language. (Items that are written, sent, or received on an isolated terminal have the potential to be viewed globally.)
  - **Use electronic communications appropriately. There shall be** no sales, advertisements or solicitations, chain letters, etc. are allowed. Communication is not guaranteed to be private. Anyone making use of Education Division's technology resources has potential access to a variety of communications based systems. Activities relating to or in support of illegal or inappropriate activities are considered a violation of this agreement and therefore must be reported to the Education Division Administration, Appropriate Education Division Site Leader(s) and / or the Education Division Information Technology Department.
  - **Tolerance.** There is zero tolerance for the act(s) of bullying, sending or receiving explicit materials, sending or receiving explicit messages, copyright infringement, representing another's work as one's own work or disruption of the Education Division Technology resources.
- d) **Unacceptable Network Use:** Transmission or intentional receipt of any inappropriate material or material in violation of law, Community or Education Division policy is strictly prohibited. This includes, but is not limited to: material protected by federal law; copyrighted material; threatening or obscene material; material protected by trade secrets; commercial activities by for-profit institutions; use of product advertisement or political lobbying, including lobbying for public office; the design or detailed information pertaining to explosive devices, criminal activities or terrorist acts; sexism or sexual harassment; pornography; gambling; illegal solicitation; racism; and inappropriate language or images of any type. Illegal or inappropriate activities, including games, use of the technology resources in any way that would disrupt use by others, or activities of any kind that do not conform to the rules, regulations and policies of the SRPMIC Education Division, are forbidden. It is unacceptable to participate in any activity such as the exchange of information or graphics sent or received that include/suggest sexting, pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, and/or other listings previously described in this user agreement.
- e) **Transportation of Community Information:** No student and/or parent may duplicate any portion of Community owned, stored or held electronic information for the purpose of transportation beyond SRPMIC Community property without proper permission from the Education Division Administration and permission from SRPMIC and /or Office of General Counsel via written/electronic communication or contract. Exemptions do apply to student and/or parent work that falls under activities or assignments related to completion of school work, commonly referred to as "homework assignments".
- f) **Vandalism:** Vandalism is defined as any malicious attempt to harm or destroy any electronic data, property of the Education Division or of any other Community owner assets. Vandalism also includes, but is not limited to abusive overloading of data on the server, intentional uploading, downloading or creation of computer viruses, spyware, malware or other malicious software. Any engagement in vandalism constitutes unacceptable use and will subject the student and/or parent to appropriate disciplinary action.



- g) **Security:** Securing SRPMIC Education Resources is a high priority. You understand and agree that you shall attempt to use any other resource access account, beyond your assigned account, local or remote to access any system(s), device(s) or resource(s) while accessing the SRPMIC Education network(s). Any security concern shall be reported to Education Division Administration, Appropriate Education Division Site Leader, and / or the Education Division Information Technology Department, no later than 24 after the observed occurrence. SRPMIC Education Division makes reasonable effort to comply with CIPA and other regulations for filtering internet based content which may be available to students or parents. However, in the event students and/or parent are able to access dangerous or inappropriate material, students and/or parents must take responsibility for their own safety by exercising safe browsing and by reporting any inappropriate content he/she finds to the Education Division Administration, Appropriate Education Division Site Leader, and / or the Education Division Information Technology Department no later than 24 after the observed occurrence.
- h) **Privacy:** It is required that students and/or parents not reveal personal information which may not be limited to; however, does include the following: home address, phone numbers, password, credit card numbers or social security number, etc.; this also applies to information of organizations including but not limited to the SRPMIC Community and the SRPMIC Education Division. It is understood that all communications, internet browsing and data accessed or created are subject to review, monitoring and auditing. Also, should I choose to "publish" on the Internet, I will make certain I have obtained at a minimum proper permission from the Education Division Administration and possibly may also be required to acquire permission from the SRPMIC Community, SRPMIC Education Board and / or Office of General Counsel, where applicable.

**3. Student and/or Parent Signature of Agreement:** Rules of conduct are described in this "Salt River Pima-Maricopa Indian Community Schools Technology Acceptable Use Agreement for Student(s) and Parent(s)" apply when making use of SRPMIC Education Technology resources. This applies to but is not limited to usage while located at Community facilities or Education Division Community schools or while remotely accessing the Community School Resources. I understand any violations of the above provisions will result in the loss of my user resource access account and may result in further disciplinary and/or legal action, including but not limited to suspension or expulsion, or referral to legal authorities. I therefore agree to maintain acceptable standards and to report any misuse of technology resources to the appropriate persons mentioned in this document.

I have read this Acceptable Use Agreement and understand that all electronic communications, internet browsing and data accessed or created while using Education Division issued electronic devices or while using Education Division Networks are subject to review, monitoring, logging and auditing. I hereby agree to comply with the above described conditions of this entire document.

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years old)

\_\_\_\_\_  
Date



# STUDENT RELEASE **OPT-OUT** FORM

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

Grade: \_\_\_\_\_

Student ID#: \_\_\_\_\_

THE PURPOSE OF THIS FORM IS TO GIVE THE PARENT OR GUARDIAN AN OPPORTUNITY TO **OPT OUT** OF ANY OF THE ITEMS LISTED BELOW. IF SALT RIVER SCHOOLS DOES NOT RECEIVE THIS FORM WITHIN FOURTEEN (14) CALENDAR DAYS FROM YOUR RECEIPT OF THIS FORM, SALT RIVER SCHOOLS WILL ASSUME CONSENT TO THE RELEASE OF THE CATEGORIES OF INFORMATION CONTAINED IN THIS FORM.

**SIGNATURE REQUIRED ONLY IF YOU DO NOT WANT YOUR CHILD TO BE PHOTOGRAPHED OR FILMED.**

**If you agree to allow your child to be part of the Salt River Schools media efforts, you do not need to sign this form.**

### Student Information Release

This gives consent for the release of student information/imagery as it applies to school-related activities, such as: yearbook, marquee information, parent organizations/committees, athletics, student-led news media production, musical and art programs, honors and awards, drama productions, graduation/commencement, etc. *This release shall not apply to confidential student records, such as test scores, transcripts, and evaluations.* Consent will remain in effect for the current school year or until permission is revoked by parents/guardians, requesting in writing such a revocation. Information may include: student name; parent name; tribal affiliation(s); school/class/grade level/teacher's name; weight and height, if the student is a member of an athletic team; awards received; extracurricular participation; and honors and achievements.

I DO NOT Give Consent      \_\_\_\_\_ Initial

### Student Media (Photo/Video/Voice) Release

*(All school-sponsored activities and promotions, except athletics.)*

There are times when Salt River Schools may be featured in various media. Journalists, photographers and/or film crews from TV, radio stations, internet, newspapers or magazines may wish to photograph and/or film your child in relation to a story about our schools or students. Classrooms might also participate in video-conferencing on the internet. Salt River Schools may also promote its business, activities and programs using student imagery/voice. Salt River Schools are also visited by Community and public organizations or partners who are providing services to students; these organizations or partners may wish to photograph your child and may want to use the photograph and/or your child's name and the name of the school in their publications and informational materials. Students have the right to refuse participation and Salt River Schools' staff will work to ensure media representatives respects these wishes as much as possible. If no refusal is made, your student's name, grade and other (non-confidential) information may be included in the final media product. Unless otherwise noted, all rights and copyrights to media materials (photographs, videos, etc.) and related projects are the property of the outlet that recorded the media (i.e. Salt River Schools owns the photos and videos its staff or contracted vendors record of students at school events and sites).

This gives consent for the student's photo/video/voice to be used by representatives of the media and for use in various media, such as newspapers, television, radio broadcasts, internet podcasts, press releases, school/Division newsletters, Division website and social media sites (i.e. Facebook, YouTube, Instagram and LinkedIn, etc.), school plays and contests. This does not include athletic events, which are considered public events.

I DO NOT Give Consent      \_\_\_\_\_ Initial

The information I have provided on this form is accurate and true. I hereby certify that I am the parent or legal guardian (with legal custody, if separated or divorced; copy of Court paperwork must be on file) of the above named student.

Student's Name (Printed): \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_



Dear Salt River Schools Families,

Salt River Schools, including the Early Childhood Education Center, Salt River Elementary School, and the Accelerated Learning Academy, do not charge families for meals even if they did not meet the eligibility requirements for free and reduced meals. The Salt River Pima-Maricopa Indian Community graciously covers all associated meal costs to ensure all Salt River Schools students are provided healthy meals every school day, even when virtual learning is required.

Salt River Schools participates in the National School Lunch Program and the School Breakfast Program. As part of this program, our schools offer healthy meals every school day at NO COST to the students due to the implementation of the Community Eligibility Provision. Students will be able to participate in these meal programs without having to pay a fee or submit a household application.

No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submit an application.

**My family needs more help. Are there other programs we might apply for?** To find out how to apply for Supplemental Nutrition Assistance Programs or other assistance benefits, contact your local assistance office or call 1-855-432-7587.

If you have other questions or need help, call the Education Food Services Manager at **480-362-2077**.

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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov) This institution is an equal opportunity provider.

**MATT'O T'VE:M AB O JU: | O'odham**  
**MAT ASHEEVK U UWESHUUM | Piipaash**  
**WE WILL DO THIS TOGETHER | English**

# Household Literacy & Culture Survey

Participation in this survey is *OPTIONAL* but strongly encouraged and will **not** be considered in making enrollment decisions.

Native Youth Community Projects (NYCP) is a four-year grant awarded to Salt River Schools. Our goals and objectives focus on education and literacy, culture, and Community.



Thank you for taking the time to complete this survey. All responses are confidential and will help us provide the appropriate literacy and cultural resources to the Community.

1. About **how many books and magazines** are available to read in your household?

- |                                |                                 |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> 0     | <input type="checkbox"/> 26-50  |
| <input type="checkbox"/> 1-10  | <input type="checkbox"/> 51-100 |
| <input type="checkbox"/> 11-25 | <input type="checkbox"/> 100+   |

2. During a typical week, how often do you or a family member **practice literacy** with a child (this could look like **reading** a book/magazine to a child, **telling a story** to a child from memory or making it up on the spot, or even **singing** a song to or with a child).

- 7 days (every day)       3-6 days       1-2 days       never

3. During a typical week, how often do you **read for your own enjoyment**?

- 7 days (every day)       3-6 days       1-2 days       never

4. On a scale of 1-5, with 1 being “Not Important” and 5 being “Very Important,” how important is it for students to **continue their education** beyond high school?

- 1 (not important)       2       3 (neutral)       4       5 (very important)

5. On a scale of 1-5, with 1 being “Not Familiar” and 5 being “Very Familiar,” how familiar are you with the **scholarship and college/career opportunities** available to Community members (for instance from the Salt River Higher Education Program)?

- 1 (not familiar)       2       3 (neutral)       4       5 (very familiar)

6. What types of **Native language and culture activities** do you and your family participate in? Mark all that apply.

- Language learning/practicing/use
- Arts & crafts
- Reading/listening to culturally relevant stories
- Creating culturally relevant media (books, social media, etc.)
- Family/Community traditions and ceremonies
- Other (please specify) \_\_\_\_\_

7. **How often** do you and your child(ren) participate in the Native language and culture activities?

- Daily       Weekly       Monthly       A couple times per year       Never

Thank you for your time. For more information, please email [Literacy@SaltRiverSchools.org](mailto:Literacy@SaltRiverSchools.org)

Office Staff: Once the survey is complete, please return to Trinidad Yazzie at SRHS. Do not file in the student file.

# ESEA (Title I) Income Eligibility

The Arizona Department of Education provides the following FY 2024 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines based on the attached **ESEA (Title I) Income Eligibility Guidelines** schedule?

Indicator 1

Indicator 2

No

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, social security, retirement benefits unemployment compensation, worker’s compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

<u>Child’s Name</u>	<u>Name of School</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that all the above information is true and correct.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

These survey forms should be retained by the school or LEA and kept on file for a period of 5 years.