



## REGISTRATION FORM

School Year: \_\_\_\_\_ Estrella Mountain \_\_\_\_\_ Red Mountain \_\_\_\_\_ Paradise Valley  
 \_\_\_\_\_ South Mountain \_\_\_\_\_ Prescott Valley \_\_\_\_\_ Mesa

**Student's legal name:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_  
 (mm/dd/yyyy)

Student Email: \_\_\_\_\_ Student Cell Phone #: \_\_\_\_\_

Grade level student will be entering at AAEC: \_\_\_\_\_

### Previous School Information

Name of last school attended: \_\_\_\_\_

District name and address: \_\_\_\_\_

Years in attendance: \_\_\_\_\_

Has student previously attended an AAEC School? \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, list dates and grade level below)

AAEC location attended: \_\_\_\_\_  
Campus Dates Grade Levels

Is student currently receiving support for special needs? \_\_\_\_\_ Yes \_\_\_\_\_ IEP \_\_\_\_\_ 504 \_\_\_\_\_ Other \_\_\_\_\_ No

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_
3. What is the language that the student first acquired? \_\_\_\_\_

**Parent/Guardian Information:**

E-mail: \_\_\_\_\_  
 (IMPORTANT: This is how we will keep in contact with you.)

Name: \_\_\_\_\_  
First Middle Last Relationship to Student

Address: \_\_\_\_\_  
Street Apartment/Suite Number  
 \_\_\_\_\_  
City State Zip Code

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_  
 Home  Cell  Work  Home  Cell  Work

**Parent/Guardian Signature Confirming Registration:**

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

*School Personnel will enter:*  
 SAIS ID: \_\_\_\_\_ (If known) 1<sup>st</sup> Date of Attendance: \_\_\_\_\_  
 Initial: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Note: Information sought on this form is to identify need for continuing services and does not affect admission.

## PARENT INFORMATION FORM

### PARENT/GUARDIAN #1 (CUSTODIAL):

Contact Allowed	Educational Rights	Has Custody	Enrolling Parent	Mailings Allowed	Release To
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How would Parent #1 prefer to be contacted (check all that apply): Cell Phone  Home Phone  Email  Other

### PARENT/GUARDIAN #2 (LIVING WITH STUDENT):

Contact Allowed	Educational Rights	Has Custody	Enrolling Parent	Mailings Allowed	Release To
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How would Parent #1 prefer to be contacted (check all that apply): Cell Phone  Home Phone  Email  Other

### BIRTH MOTHER/FATHER NOT LIVING WITH STUDENT:

Contact Allowed	Educational Rights	Has Custody	Enrolling Parent	Mailings Allowed	Release To
Yes <input type="checkbox"/> No <input type="checkbox"/> *	Yes <input type="checkbox"/> No <input type="checkbox"/> *	Yes <input type="checkbox"/> No <input type="checkbox"/> *	Yes <input type="checkbox"/> No <input type="checkbox"/> *	Yes <input type="checkbox"/> No <input type="checkbox"/> *	Yes <input type="checkbox"/> No <input type="checkbox"/> *

**\*Please provide documentation if any of these selections are marked "No."**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How would Parent #1 prefer to be contacted (check all that apply): Cell Phone  Home Phone  Email  Other

### BIRTH MOTHER/FATHER NOT LIVING WITH STUDENT:

Contact Allowed	Educational Rights	Has Custody	Enrolling Parent	Mailings Allowed	Release To
Yes <input type="checkbox"/> No <input type="checkbox"/> *	Yes <input type="checkbox"/> No <input type="checkbox"/> *	Yes <input type="checkbox"/> No <input type="checkbox"/> *	Yes <input type="checkbox"/> No <input type="checkbox"/> *	Yes <input type="checkbox"/> No <input type="checkbox"/> *	Yes <input type="checkbox"/> No <input type="checkbox"/> *

**\*Please provide documentation if any of these selections are marked "No."**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How would Parent #1 prefer to be contacted (check all that apply): Cell Phone  Home Phone  Email  Other

## EMERGENCY CONTACT INFORMATION

STUDENT NAME: \_\_\_\_\_

It is mandated, in case a parent or legal guardian cannot be reached during the school day, to give the names of two relatives or reliable neighbors who can come and sign out your student should he/she become ill or injured during the school day. All attempts will be made to reach parents first. If they are not reachable, the school will attempt to reach the emergency contacts below:

**Emergency Contact #1: (other than parent or legal guardian):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Emergency Contact #2: (other than parent or legal guardian):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Emergency Contact #3: (other than parent or legal guardian):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Emergency Contact #4: (other than parent or legal guardian):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

If you have any specific custody arrangements or issues that AAEC needs to be aware of please use the space below to explain. Please note that you must provide proof of custody.

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

In case of injury or sudden illness where both contacts cannot be reached, I give the authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. I understand that the expense of this service will be accepted by me. I certify that the information provided is accurate to the best of my knowledge and that I have legal custody of the above named child.

Print – Parent/Guardian Name: \_\_\_\_\_

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



## ADDITIONAL EDUCATION SERVICES FORM

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Is student currently receiving **Section 504 Programs/Services** under an Accommodation Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is student receiving any **Support Services**? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is student receiving **Academic Intervention Services (AIS)**? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which subject area(s):

_____ English Language Arts	_____ Science
_____ Social Studies	_____ Math

Does student have an **Individualized Education Program (IEP)**? \_\_\_\_\_ Yes \_\_\_\_\_ No

If student is currently receiving Special Education Services through an IEP, please check areas of support:

- |  |  |
|--|--|
| <input type="checkbox"/> Resource Room Services  | <input type="checkbox"/> Special Class   |
| <input type="checkbox"/> Speech/Language Therapy | <input type="checkbox"/> Occupational Therapy  |
| <input type="checkbox"/> Physical Therapy        | <input type="checkbox"/> Counseling/Social Worker on IEP   |
| <input type="checkbox"/> Medical Alerts          | <input type="checkbox"/> Special Transportation Services<br>(i.e. lift bus, bus attendant, etc.) |

I certify that the information provided is accurate to the best of my knowledge and that I have legal custody of the above-named student.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

## MEDICAL INFORMATION FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
 Dentist Name: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_  
 Hospital: \_\_\_\_\_ Hospital Phone: \_\_\_\_\_

Please assist AAEC to better serve student by answering the following questions:

**Has student had any of the following:**

	Yes	No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>

If yes, date of last seizure: \_\_\_\_\_

Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>

If yes, estimated month and year: \_\_\_\_\_

**Allergies to:**

Bees/insect(s)	<input type="checkbox"/>	<input type="checkbox"/>
Food _____	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**Does student need/use:**

	Yes	No
Glasses/Contacts	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Aids	<input type="checkbox"/>	<input type="checkbox"/>
Assistive Devices (Wheelchair, walker or braces)	<input type="checkbox"/>	<input type="checkbox"/>
Inhaler	<input type="checkbox"/>	<input type="checkbox"/>

Medications    
 If yes:  at home  at school

**Does student have an Epi-pen?**

Yes  No

	Yes	No
Has student ever had speech therapy?	<input type="checkbox"/>	<input type="checkbox"/>
Has student ever had any serious accidents, operations, or hospitalizations?	<input type="checkbox"/>	<input type="checkbox"/>
Does student require any medical services at school?	<input type="checkbox"/>	<input type="checkbox"/>
Does student have a history of frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>
Does student have any other medical and/or emotional issues?	<input type="checkbox"/>	<input type="checkbox"/>

**If you have answered yes to any of the above questions, please explain:**

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

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



## PERMISSION TO GIVE MEDICATION FORM

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

**PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION:**

- |   |   |
|---|---|
| <input type="checkbox"/> Ibuprofen (i.e. Advil, Motrin)<br><input type="checkbox"/> Acetaminophen (i.e. Tylenol)<br><input type="checkbox"/> Sunscreen<br><input type="checkbox"/> Antacid (i.e. Mylanta, Maalox)<br><input type="checkbox"/> <b>ALL Medications Listed</b> | <input type="checkbox"/> Antibiotic Cream (i.e. Bacitracin Cream, Polysporin)<br><input type="checkbox"/> Antihistamine/decongestant (i.e. Benadryl, Sudafed)<br><input type="checkbox"/> Hydrocortisone Cream (i.e. Cortaid, Benadryl Cream)<br><input type="checkbox"/> Cough Syrup<br><input type="checkbox"/> Aspirin |
|---|---|

Student is under the care of Dr. \_\_\_\_\_. I understand it is my responsibility as the parent/guardian to keep the school supplied with and informed of any changes in student's medication(s). I, or a designated adult, will bring the medication to the school in its original container or prescription bottle. I also understand it is my responsibility to monitor expiration dates of all prescription or over-the-counter medications I bring to school. I authorize the office to communicate with the health care provider when necessary.

I give AAEC school personnel permission to administer medication to: \_\_\_\_\_  
(Name of student)

Parent/Guardian (Print): \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Please be aware the parent is responsible for providing all medication their student will be taking. For safety reasons, parents are requested to bring the medication directly to the office. In the event that an adult is unable to come to school, arrangements may be made where the parent calls and notifies the administrative office the day the medication is to arrive. The medication must be sealed in an envelope, in the original manufacturer's pharmacy container. New permission forms must be completed each school year.

Is student allergic to any medications?  If so, please list: \_\_\_\_\_

Does student take any medication (either over-the-counter or prescription) on a regular basis?  Yes  No

If so, please list: \_\_\_\_\_

Name of Medication	Dosage	Method	Approximate Time of Day	Reason

Does the above medication(s) need to be evacuated with student in the event of an emergency?  Yes  No



## STATEMENT OF INSURANCE FORM

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

I, \_\_\_\_\_, affirm that I am the Parent/Legal Guardian of the above-named student. I request that the above-named student of AAEC High School be exempt from the school accident insurance requirements for students participating in athletics and certain other school activities. The above-named student is currently covered and will be covered during the present school year by an accident insurance policy which provides protections at least to the equivalent sums and coverage's as the policy offered by the school. This includes coverage in the event of injury in a school-supervised game or activity.

Policy No.: \_\_\_\_\_ (If available) issued by \_\_\_\_\_

Insurance Company Name

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

\_\_\_\_\_  
Date

### Assumption of Risk Statement

The undersigned, being over the age of eighteen years or in the capacity of legal guardian for a minor person identified below, does hereby acknowledge that the Student Accident Insurance provided by the Community College will not cover students while they are unsupervised during class trips; this will include any free time where the student is not in a structured, supervised college approved activity, and under supervision of college personnel. Student Insurance does not provide coverage while traveling to and from the event in privately owned vehicles. As associated with the community college, Arizona Agribusiness & Equine Center, Inc., its agents, employees, and officials thereof, I will assume all risks inherent in this activity and connected activities and hereby waive all claims, of whatsoever kind of nature, such institutions and individuals which may arise out of inherently dangerous activity. I specifically grant this waiver of claims for myself and/or on behalf of my ward identified below and will indemnify and hold harmless such institutions and individuals from any such claims.

\_\_\_\_\_  
Signature of Student if 18+ years old

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date



## LIABILITY RELEASE FORM

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

Note: For some activities and field trips, a specific permission form and release must be signed in advance. This form provides the school with a backup permission sheet if necessary, and also covers the school for many routine activities.

I, \_\_\_\_\_, agree to release Arizona Agribusiness & Equine Center, Inc.,  
(Parent/Legal Guardian Name)  
High Schools from any and all liability for stated activity during the specified dates given.

Activity: \_\_\_\_\_

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

I, \_\_\_\_\_, acknowledge that I have personal health insurance that is en-  
(Student Name)  
forced, should medical attention be needed and understand that Arizona Agribusiness and Equine Center, Inc., High Schools does not assume any responsibility for any accident, which might occur as a result of this activity.

**Insurance Information:**

Company: \_\_\_\_\_

Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Physician Contact:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

Hospital Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Person to contact in case of an emergency:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

\_\_\_\_\_  
Print – Parent/Legal Guardian

\_\_\_\_\_  
Signature – Parent/Legal Guardian

\_\_\_\_\_  
Date





## STUDENT MEDIA RELEASE FORM

I, \_\_\_\_\_, parent/guardian of,

\_\_\_\_\_, give permission for the

Office of Media Relations and Public Information, and the Arizona Agribusiness & Equine Center, Inc., charter high school to release photographs, video recordings, quotations, and related information about the student to be released to the news media, and used in AAEC publications, journals, web-sites, and other publicity. I further give permission to use this information in community college publications, journals, websites and other publicity in support of the community college and Arizona Agribusiness & Equine Center, Inc.

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

\_\_\_\_\_  
Date



## 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)



**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.



State of Arizona
Affidavit of Shared Residence

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

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

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

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

Name of Arizona Resident: \_\_\_\_\_

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

Persons who reside with me: \_\_\_\_\_

Location of my residence: \_\_\_\_\_

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

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
Valid Arizona Address Confidentiality Program authorization card
Real estate deed or mortgage documents
Property tax bill
Residential lease or rental agreement
Water, electric, gas, cable, or phone bill
Bank or credit card statement
W-2 wage statement
Payroll stub
Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

Acknowledgement

State of Arizona
County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,
By \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public





**STUDENT DIRECTORY INFORMATION RELEASE FORM**  
(See explanation in left pocket of folder)

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

TO: Principal

- |   |  |
|---|--|
| <input type="checkbox"/> I <b>do</b> consent to military release.     | <input type="checkbox"/> I <b>do</b> consent to educational release to colleges. |
| <input type="checkbox"/> I <b>do not</b> consent to military release. | <input type="checkbox"/> I <b>do not</b> consent to educational release.         |

I **do not** want any of the information I have indicated below, concerning

\_\_\_\_\_, to be designated as directory information and released to any  
(STUDENT NAME)  
person or organization, without my prior written consent:

- |  |   |
|--|---|
| <input type="checkbox"/> Name                    | <input type="checkbox"/> Honors and awards received                               |
| <input type="checkbox"/> Telephone Listing       | <input type="checkbox"/> Enrollment status (e.g. part time or fulltime)           |
| <input type="checkbox"/> Date and place of birth | <input type="checkbox"/> Address  |
| <input type="checkbox"/> Dates of attendance     | <input type="checkbox"/> Weight and height (members of athletic teams)            |
| <input type="checkbox"/> Electronic mail address | <input type="checkbox"/> Most recent educational agency or institution attended   |
| <input type="checkbox"/> Photograph              | <input type="checkbox"/> Major field of study                                     |
| <input type="checkbox"/> Grade level             | <input type="checkbox"/> Participation in officially recognized activities/sports |

\_\_\_\_\_  
Parent/Guardian PRINTED NAME

\_\_\_\_\_  
Parent/Guardian SIGNATURE

\_\_\_\_\_  
DATE





## FAX REQUEST FOR RELEASE OF STUDENT RECORDS\*

1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_

Please forward the following records for:

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

SAIS Number: \_\_\_\_\_

Previous School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

Please fax the following information to the number below. If student is in high school, please follow up by mailing an official transcript to our office as soon as possible.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Official transcripts (mail)            | <input type="checkbox"/> Unofficial transcripts (fax)                     | <input type="checkbox"/> Birth certificate  |
| <input type="checkbox"/> Withdrawal grades and withdrawal slip  | <input type="checkbox"/> Standardized test data                           | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Hearing/vision screening results       | <input type="checkbox"/> Attendance Records                               | <input type="checkbox"/> AIMS Results       |
| <input type="checkbox"/> Course descriptions/catalog of courses | <input type="checkbox"/> Immunizations/health records                     | <input type="checkbox"/> AzMERIT Results    |
| <input type="checkbox"/> IEP/Special Education notice           | <input type="checkbox"/> Psychological records/504 Accommodation Plan/ELL |   |
| <input type="checkbox"/> Other: _____                           |   |   |

Send records to: (check one only)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> AAEC South Mountain<br>2002 E. Baseline Rd.<br>Phoenix, AZ 85042<br>Ph: 602-323-9890<br>Fax: 602-323-9869            | <input type="checkbox"/> AAEC Paradise Valley<br>3775 E. Union Hills Dr.<br>Phoenix, AZ 85050<br>Ph: 602-569-1101<br>Fax: 602-569-6372      | <input type="checkbox"/> AAEC Red Mountain<br>2165 N. Power Rd.<br>Mesa, AZ 85215<br>Ph: 480-854-1504<br>Fax: 480-854-3564            |
| <input type="checkbox"/> AAEC Estrella Mountain<br>3400 N. Dysart Rd., Bldg. C<br>Avondale, AZ 85392<br>Ph: 623-535-0754<br>Fax: 623-535-1210 | <input type="checkbox"/> AAEC Prescott Valley<br>7500 E. Civic Circle<br>Prescott Valley, AZ 86314<br>Ph: 928-775-3200<br>Fax: 928-775-3201 | <input type="checkbox"/> AAEC Mesa<br>1833 W. Southern Ave.<br>Room LB-174<br>Mesa, AZ 85202<br>Ph: 480-222-3999<br>Fax: 480-393-7452 |

Thank you,

School Official: \_\_\_\_\_

**Registrar:** ARS 15-828 Section G states “Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request...” Federal Law 99.31, no parent signature required to allow educational records sent to another educational agency.

\*Records requested will be used for post-enrollment determination in course placement and to help identify any additional services the student needs or qualifies for. Records will not affect student enrollment, unless a student has been expelled or is in the process of being expelled from another school, per ARS 105-184(I).