



REGISTRATION FORM

YUMA SCHOOL DISTRICT ONE 450 West Sixth Street Yuma, AZ 85364

Office Only

Student ID No.										State ID No.											
<input type="text"/>										<input type="text"/>											
School Information																					
<input type="checkbox"/> First Enrollment <input type="checkbox"/> Re-Enrollment										Withdrawal Date from Previous School: _____											
Teacher Name: _____										Grade level: _____						Retained: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Entry Code: _____										Open Enrollment: Yes <input type="checkbox"/> No <input type="checkbox"/>						Home School: _____					
Enrollment Start Date: _____										Date Entered into SIS: _____						Entered into SIS by: _____					
Elementary Schools:																					
<input type="checkbox"/> Alice Byrne <input type="checkbox"/> Carver <input type="checkbox"/> McGraw <input type="checkbox"/> Price <input type="checkbox"/> OC Johnson <input type="checkbox"/> Palmcroft <input type="checkbox"/> Pecan Grove <input type="checkbox"/> Roosevelt <input type="checkbox"/> Rolle <input type="checkbox"/> Desert Mesa <input type="checkbox"/> Otondo <input type="checkbox"/> Sunrise <input type="checkbox"/> Dorothy Hall <input type="checkbox"/> Yuma District One Digital Learning Academy																					
Junior High/ Middle Schools:																					
<input type="checkbox"/> Castle Dome <input type="checkbox"/> Fourth Ave <input type="checkbox"/> Gila Vista <input type="checkbox"/> Woodard <input type="checkbox"/> Ron Watson																					

Parent/Guardian

Student Information- Must be listed on Birth Certificate or Legal Custody Documentation	
Proof of Age: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Grade Level: _____	
Legal Last Name: _____	Suffix: _____
Legal First Name: _____	Legal Middle Name: _____
Is there a preferred name student goes by: _____	
Date of Birth: _____ / _____ / _____ <small style="margin-left: 40px;">Month Day Year</small>	
Country of Birth: <input type="checkbox"/> USA State of Birth: _____	
<input type="checkbox"/> Mexico <input type="checkbox"/> Other: _____ First Day of Entry into the USA _____ / _____ / _____ Number of school years in attendance in the USA _____ <small style="margin-left: 100px;">Month Day Year</small>	
Ethnicity: (Choose only ONE) <input type="checkbox"/> Hispanic or Latino - <input type="checkbox"/> NOT Hispanic or Latino (<input type="checkbox"/> Observed)	
Race: (Choose all that apply)	
<input type="checkbox"/> White - <input type="checkbox"/> Black - <input type="checkbox"/> American Indian or Alaskan Native - <input type="checkbox"/> Native Hawaiian or other Pacific Islander - <input type="checkbox"/> Asian (<input type="checkbox"/> Observed)	

Home Address	
Street: _____	Apt./Space: _____
City: _____	State: _____ Zip: _____
<i>If different from above:</i>	
Mailing Address: _____	Apt./Space: _____
City: _____	State: _____ Zip: _____

Last School Attended				
Name of School	Address	City	State	Zip

(Primary Parent 1) Parent/Guardian Information- Must be listed on Birth Certificate or Legal Custody Documentation

Living with: Both Parents Mother Only Father Only Guardian Foster Other

Relationship: _____
First Name: _____ Last Name: _____
Primary Phone: _____ Email Address: _____
Correspondence Language: English Spanish Other _____

Occupation Information

Place of Employment: _____ Occupation: _____
Work Phone: _____

Military/Impact Aid Information

Is parent/guardian active-duty military?
 Yes No * If "Yes," Please complete the following:
Active Duty
Military Service: _____
Name as it appears on payroll.
 Father
 Mother
 Step-Father _____ *Branch*
 Step-Mother
 Guardian _____
 Other _____ *Rank*

Name of Federal Property:
Address of Federal Property:
City, State, Zip:

Does civilian parent/guardian live or work on a military or federal installation?
 Yes No * If "Yes," Please complete the following:
Civilian Employee: _____
Name as it appears on payroll.
 Father
 Mother
 Step-Father
 Step-Mother
 Guardian _____
 Other _____ *Job Title*

Name of Federal Property:
Address of Federal Property:
City, State, Zip:

(Primary Parent 2) Parent/Guardian Information- Must be listed on Birth Certificate or Legal Custody Documentation

Living with: Both Parents Mother Only Father Only Guardian Foster Other

Relationship: _____
First Name: _____ Last Name: _____
Primary Phone: _____ Email Address: _____
Correspondence Language: English Spanish Other _____

Occupation Information

Place of Employment: _____ Occupation: _____
Work Phone: _____

Military/Impact Aid Information

Is parent/guardian active-duty military?
 Yes No * If "Yes," Please complete the following:
Active Duty
Military Service: _____
Name as it appears on payroll.
 Father
 Mother
 Step-Father _____ *Branch*
 Step-Mother
 Guardian _____
 Other _____ *Rank*

Name of Federal Property:
Address of Federal Property:
City, State, Zip:

Does civilian parent/guardian live or work on a military or federal installation?
 Yes No * If "Yes," Please complete the following:
Civilian Employee: _____
Name as it appears on payroll.
 Father
 Mother
 Step-Father
 Step-Mother
 Guardian _____
 Other _____ *Job Title*

Name of Federal Property:
Address of Federal Property:
City, State, Zip:

(Additional) Parent/Guardian Information	
Living with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other	
Relationship: _____	
First Name: _____ Last Name: _____	
Primary Phone: _____ Email Address: _____	
Correspondence Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
Occupation Information	
Place of Employment: _____ Occupation: _____	
Work Phone: _____	
Military/Impact Aid Information	
<p><i>Is parent/guardian active-duty military?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No * If "Yes," Please complete the following: Active Military Military Service: _____ <i>Name as it appears on payroll.</i></p> <p><input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father _____ <i>Branch</i> <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian _____ <input type="checkbox"/> Other _____ <i>Rank</i></p>	<p><i>Does civilian parent/guardian live or work on a military or federal installation?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No * If "Yes," Please complete the following: Civilian Employee: _____ <i>Name as it appears on payroll.</i></p> <p><input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian _____ <input type="checkbox"/> Other _____ <i>Job Title</i></p>
Name of Federal Property: _____	Name of Federal Property: _____
Address of Federal Property: _____	Address of Federal Property: _____
City, State, Zip: _____	City, State, Zip: _____

Legal Documents		
<i>Please mark any items that apply to this student and provide the school with copies of related court documents.</i>		
<input type="checkbox"/> Custody parenting time agreement	Effective: _____	Expires: _____
<input type="checkbox"/> Letters of guardianship for court-appointed guardian	Effective: _____	Expires: _____
<input type="checkbox"/> Power of Attorney	Effective: _____	Expires: _____
<input type="checkbox"/> Student has an order of protection against/from another person	Effective: _____	Expires: _____
<input type="checkbox"/> Student has an injunction against harassment against /from another person	Effective: _____	Expires: _____
<input type="checkbox"/> Legal custody of student <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Joint <input type="checkbox"/> Other		

Contact Order	Emergency Contacts: Person other than Parent/Guardian <i>Must provide at least one</i>	
1	Contact Name: _____	Relationship: _____
	Primary Number: _____	Work Number: _____
	Is this person allowed to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Contact Name (2): _____	Relationship: _____
	Primary Number: _____	Work Number: _____
	Is this person allowed to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Contact Name (3): _____	Relationship: _____
	Primary Number: _____	Work Number: _____
	Is this person allowed to pick up student? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Student Siblings			
Siblings First/Last Name	age	School Attending	Allowed to pick up afterschool
			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"/>

Student Programs
<p>Has the student ever been or currently enrolled in any of the following programs: Please provide supporting documentation.</p> <p><input type="checkbox"/> Special Education Program/IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> English Language Learner or Bilingual Program <input type="checkbox"/> Gifted</p> <p>Where? (<i>School Name</i>) _____ When? (<i>Year/Grade</i>) _____</p> <p>Has the student previously qualified under the McKinney-Vento Act (<i>homeless</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Migrant
<p>Is this student currently a qualified Migrant Student?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has your family moved in the last 3 years to seek seasonal/ temporary agricultural work in another city, county, or state?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this student the dependent of a guardian who is an seasonal/ temporary (less than 12 months) agricultural worker?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Discipline
<p>Is this student currently suspended from School ?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date, Reason School/District</p> <p>_____</p> <p>_____</p>
<p>Is this student in the process of being expelled or currently under expulsion from School ?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date, Reason School/District</p> <p>_____</p> <p>_____</p>

<p>Parent/Guardian Signature: _____ Date: _____</p>

FOR OFFICE USE ONLY

Staff Notes	Check List
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Immunization</p> <p><input type="checkbox"/> Screening Form</p> <p><input type="checkbox"/> Lunch Application</p> <p><input type="checkbox"/> Gifted</p> <p><input type="checkbox"/> Home Language Form</p> <p><input type="checkbox"/> Migrant</p> <p><input type="checkbox"/> Proof of Residency</p> <p><input type="checkbox"/> M.O.W.R. K-3</p>



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 05-2023)



Arizona Department of Education
Arizona Residency Guidelines
REVISED 11/08/2021

Disclaimer: The Arizona Department of Education is providing these guidelines as technical assistance to the field. These guidelines are how the Arizona Department of Education interprets the below statutes and are not binding nor is it legal advice. If you have any legal questions, please consult an attorney.

INTRODUCTION

Local educational agencies are required to provide all children who reside within the school district with equal access to public education at the elementary and secondary level. The U.S. Supreme Court held in *Plyer v. Doe*, 457 U.S. 202 (1982), that the undocumented or non-citizen status of a student (or his or her parent/guardian) is irrelevant to that student's entitlement to an elementary and secondary public education. However, pursuant to A.R.S. § 15-823, a school district or charter school may not include non-Arizona-resident pupils in their student count and may not obtain state aid for those pupils.

In Arizona, the "district of residence" of a student is determined by the residency of the parent or guardian with whom the student lives. In some cases, the district of residence may also be determined by the residency of a relative who is seeking legal guardianship or custody of a student. A.R.S. § 15-821(D). In addition, if a school district governing board determines that a student's "physical, mental, moral or emotional health is best served by placement with a grandparent, brother, sister, stepbrother, stepsister, aunt or uncle who is a resident within the school district," and the placement with that relative is not "solely for the purpose of obtaining an education in this state without payment of tuition," the student is considered a resident of the district. A.R.S. § 15-823(C).¹

Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that student/parent residency information is accurate and verifiable. **While a district may restrict attendance to district residents based on available classroom space,² inquiring into students' citizenship or immigration status, or that of their parents or guardians, is not relevant to establishing residency within the district. A school district or charter school may not bar a student from enrolling because he or she lacks a birth certificate or has records indicating a foreign place of birth, such as a foreign birth certificate.³**

The Arizona Department of Education may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student's residency through documents provided by the parent/guardian may be required to repay the state aid received for that student. The following are examples of verifiable documentation parents may provide to demonstrate that they reside in a district.

¹ See also *Martinez v. Bynum*, 461 U.S. 321 (1983).

² Pursuant to A.R.S. § 15-816 and A.R.S. § 15-816.01, Arizona's mandatory open enrollment policies allow a student to apply for admission and transfer to any public school of his or her choice, based on available classroom space, even if it is outside of the student's district of residence. There are two basic types of open enrollment policies: 1) Intra-district: Students transfer to another school within the resident school district, or 2) Inter-district: Students transfer to a school outside of their resident district.

³ For more information, please read <https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201405.pdf>.

VERIFIABLE DOCUMENTATION

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 **must be provided at initial enrollment of a student in a school district or charter school in this state and reaffirmed, although not necessarily recollected, during the district or charter's annual registration process. This process will vary by the school, school district, or charter school (i.e. an annual form asking parents to confirm address).**

Every school district or charter school is required,⁴ within 30 days of enrollment, to obtain a certified copy of a pupil's birth certificate or other reliable proof of the pupil's identity and age,⁵ or a letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law. A school district or charter school **MAY** seek photo identification from the person enrolling a student to ensure that the adult is entitled to enroll the student in school, as long such a requirement does **NOT** unlawfully bar a student from enrolling in school.⁶

In case of an ADE Audit, the school, school district or charter school will be asked what process is used and what documentation is obtained via this process. If the student's residence has not changed, an affirmation (via a checkbox) that the previously provided proof of residency remains accurate should be sufficient. The documentation supporting Arizona residency should be maintained according to the school's records retention schedule.

For members of the armed services, a school may enroll a student if the parent provides a hard-copy or electronic document of their transfer or pending transfer to a military installation within the state. The parent must provide official documentation of residency within ten days after the arrival date which may include a temporary on-base billeting facility as their address. **PROOF OF RESIDENCY IS NOT REQUIRED FOR HOMELESS STUDENTS.**⁷ 42 U.S.C. § 11 432(g)(3)(C)(i).

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent or legal guardian cannot document this or her own residence because of extenuating circumstances including, but not limited to, that the family's household is multi-generational. Different documentation is required for each circumstance.

⁴ A.R.S. § 15-828.

⁵ Other proof of the pupil's identity/age includes: pupil's baptismal certificate, an application for social security number or original school registration records and an affidavit explaining inability to provide a copy of the birth certificate, A.R.S. § 15-828 (A)(1)-(3).

⁶ For more information, please read U.S. DOJ Civil Rights Division "Fact Sheet: Information on the Rights of All Children to Enroll in School", <https://www.justice.gov/sites/default/files/crt/legacy/2014/05/08/plylerfact.pdf>.

⁷ Per A.R.S. § 15-824 (C), "Homeless student" means a pupil who has a primary residence that is: (1) A supervised publicly or privately operated shelter designed to provide temporary living accommodations; (2) An institution that provides a temporary residence for individuals intended to be institutionalized or; (3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

1. Parent(s) or legal guardian(s) that maintains his or her own residence: The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide **one** of the following documents, which bear the parent or legal guardian's full name and residential address or physical description of the property where the student resides (no P.O. Boxes):

- Valid Arizona driver's license, Arizona identification card
- Valid Arizona motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Property deed/Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement or off-base military housing)
- Utility bill (water, electric, gas, cable, phone)
- 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 located in Arizona
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)
- Temporary on-base billeting facility (for military families)
- Under A.R.S. § 41-5001(A), school districts and charter schools must accept consular identification cards that are issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card.⁸

*A model Arizona Residency Documentation Form is available for schools at the end of this document.

2. Parent(s) or legal guardian(s) that does not maintain his or her own residence: The parent or legal guardian must have an **affidavit of shared residency** form completed indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit for the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the bulleted list bearing the name and address of the person who maintains the residence.

*A model Affidavit of Shared Residence form is available for schools at the end of this document.

USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS

School officials must **retain a copy** of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indication of residency; however, documentation is subject to audit by the Department. Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing. **MOST INFORMATION PROVIDED BY PARENTS AND GUARDIANS TO ARIZONA PUBLIC SCHOOLS IS AN EDUCATIONAL RECORD MADE CONFIDENTIAL UNDER THE FEDERAL EDUCATIONAL RIGHTS AND PRIVACY ACT AND ARIZONA LAW UNLESS DESIGNATED BY THE SCHOOL AS DIRECTORY INFORMATION. A PARENT OR GUARDIAN MAY OPT OUT OF DIRECTORY INFORMATION IN ACCORDANCE WITH DISTRICT POLICY. OTHERWISE, EDUCATIONAL RECORDS ARE ONLY USED FOR LEGITIMATE EDUCATIONAL PURPOSES.**

⁸ See *Amphitheater Unified Sch. Dist. No. 10 v. Harte*, 128 Ariz. 233, 234 (1981), § 15-187(C); noting that school districts and charter schools are political subdivisions.



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School _____

School District or Charter Holder **YUMA SCHOOL DISTRICT ONE**

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)
 - _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



**State of Arizona
Affidavit of Shared Residence**

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: **YUMA SCHOOL DISTRICT ONE** _____

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)

Consular identification card issued by a foreign government as a valid form of identification if the _____ foreign government uses biometric verification techniques in issuing the consular identification card

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona; County of _____

The foregoing was acknowledged before me this _____ day of _____, 20____,

By _____

My Commission Expires: _____

Notary Public



YUMA SCHOOL DISTRICT ONE HEALTH SERVICES DEPARTMENT

Dear Parents/Guardians,

Yuma School District One, Health Services, is pleased to serve you this school year. We strive to support parents and help advocate for the medical needs of their children.

Our Health Services Team includes the following:

- **Director** - assumes the oversight of the health services department.
- **Five Registered Nurses** - tasked with providing supervision and training for all health aspects of the multidisciplinary team.
- **Two Lead Health Assistants** - are responsible for overseeing a cluster of school sites to ensure compliance and safety.
- **Eighteen Health Assistants** - are trained and entrusted to run the daily operations of the health office and provide first aid.

We encourage parents visit the Yuma School District One Health Services website at the following link: https://www.yuma.org/School_Health_Services The link will provide you with valuable information such as:

1. [Forms and Documents](#)
2. [Meet the Team](#)
3. [Resources](#)

Research has shown that students regularly attending school has a positive effect on their attitude, work habits and progress. If your child has a medical concern that could impact their attendance, please reach out to your school health office.

For the protection of others any student with a contagious illness should be kept at home. Here are some guidelines to help you decide if your child should go to school.

Illness	Send to School	Keep Home - Notify the School Health Office
Cold/Runny Nose	Mild or Moderate	Severe, Fever of 100.0 or greater
Cough	Mild or Occasional cough	Heavy, deep, hacking cough
Sore Throat	Only symptom	White spots on back of throat or fever of 100.0 or greater
Fever	99.9 or below	100.0 or greater
Vomiting	After 24 hours without vomiting	Keep Home
Diarrhea	When stool returns to normal	Keep Home
Headache	Mild or Moderate	Migraine
Rash	Return with Dr Note	See healthcare provider for any unexplained rash

Each registered nurse supervises one of the following cluster assignments. If you have any questions please feel free to contact your school health office. We look forward to speaking with you.

Fourth Ave: 502-7050	Gila Vista: 502-7146	Woodard: 502-7208	Desert Mesa: 502-8612	Ron Watson: 502-7407
Roosevelt: 502-8156	McGraw: 502-7670	Rolle: 502-8235	Castle Dome: 502-7312	Sunrise: 502-8733
Carver: 502-7581	OC Johnson: 502-7824	Alice Byrne: 502-7506		Dorothy Hall: 502-8313
Otondo: 502-8508	Pecan Grove: 502-8056	Palmcroft: 502-8004		
Price: 502-7731				



Health Office Permission / Medical History Form

March 15, 2024 - September 30, 2025

School Name: _____

Student Name: _____ DOB: _____ Grade: _____ Bus# _____

Parent Name: _____ Ph# _____ Ph#2 _____

Emergency Contact: _____ Ph# _____

Daily Medications & Dosages: _____

I approve the medications I have initialed and request my child receive treatment in guidance with district policy

Oral Medications

MUST INITIAL TO BE VALID

Topical Medications

- _____ Ibuprofen (Advil, Motrin)
- _____ Acetaminophen (Tylenol- Fever > 102 F)
- _____ Antihistamine (Benadryl - Allergic Reactions Only)
- _____ Orajel/Anbesol
- _____ Chloraseptic Throat Spray

- _____ Vaseline
- _____ Hydrocortisone Cream
- _____ Caladryl /Calamine Lotion
- _____ Aloe Vera
- _____ Eye Drops

DIAGNOSED Health Condition	YES	NO	Please EXPLAIN if "YES"
Seasonal Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Diagnosed Allergy <input type="checkbox"/> Food <input type="checkbox"/> Stings/Bites <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Epipen <input type="checkbox"/> Benadryl Please request an emergency care plan from the school health office
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Prescribed Inhaler
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Please call the school health office
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Please call the school health office
Migraines / Frequent Headaches	<input type="checkbox"/>	<input type="checkbox"/>	How often: _____ <input type="checkbox"/> Concussion History List triggers: _____
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	Specify
Blood Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Specify
Bowel / Bladder Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Specify
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Year diagnosed
Latent Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Year diagnosed
ADD / ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Year diagnosed: _____ Medication: _____
Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Year diagnosed
Psychiatric Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Other
Other Condition(s) not Listed	<input type="checkbox"/>	<input type="checkbox"/>	Specify
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Specify
Wears Glasses / Contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> For Distance <input type="checkbox"/> For Reading
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Right ear <input type="checkbox"/> Left ear <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Cochlear

My signature indicates the information on this form may be shared with school staff and emergency responders as needed. If emergency care is needed, I authorize qualified staff/responders to provide any necessary medical treatment. I understand the school district assumes no financial liability for expenses incurred due to an accident, injury, and/or unforeseen circumstances.

Parent/Guardian Signature _____ Date _____



Yuma School District One Health Services Department Medication Administration Guidelines for Parents/Guardians

Medication use at school presents concerns such as theft, misuse and loss, which can present dangers to students as well as financial expense to families. ALL medications will be kept in the school health office for the safety of all students. All health forms can be found on our school website at the following link:
<https://www.yuma.org/Forms-and-Documents>.

Prescription Medication:

- Must be prescribed by a health care provider who is licensed in the state of Arizona and/or California.
- According to Arizona law, no medications from Mexico will be permitted.
- All prescribed medication must be in the original container from the pharmacy.
- Prescription medication forms are available from the school health office or school website.

When requested, pharmacies will provide a second labeled container for school use.

Over the Counter Medication: Please call the school health office for more information if needed

EMERGENCY MEDICATION:

If your child has a **life threatening allergy, asthma, or seizures** please ensure an emergency care plan is completed by your healthcare provider. You can find these emergency care plan forms on our school website. You may also stop by the school health office to obtain one of these forms. These care plans must be updated annually.

For **diabetic students**, parents need to provide the school health office a diabetes medical management plan that will be given to you directly from your healthcare provider. This plan must be updated annually.

Requests for students to carry and self-administer *emergency medications* which include an Epipen, Inhaler, Insulin, and/or Glucagon require special permissions. You can obtain this form by stopping by the school health office or visiting our school website.

Medication that is expired, not properly labeled, without an order by a licensed healthcare provider and signed by parent/guardian authorizing consent cannot be administered to any student.

Please feel free to call the school health office if you need further guidance. We truly look forward to serving you this school year.

Health Services Team

ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY - Grades K-12 (School Year 2023-2024)



- Requirements are shown below as stated in [Arizona Administrative Code, R9-6-702](#), Table 7.1 and Table 7.2
- Please review the [Arizona Immunization Handbook for Schools and Child Care Programs](#) along with the [Vaccine Catch-up Flowcharts & FAQs](#) for further information and details about immunization requirements and exemptions.
- Vaccines must follow ACIP minimum intervals and ages to be valid. See page 3-4 of this document for minimum interval and catch-up schedule information.
- The 4-day grace period only applies to vaccine-administration minimum age and intervals. Refer to the Handbook for questions.

Vaccine	4-6 Years Old and attendance in Kindergarten or 1 st grade	7-10 Years Old	11 Years and Older
HepB Hepatitis B	3 doses The final dose of HepB must be given at 24 weeks of age or older. Only 3 doses are required if the 3 rd dose was received at or after the child was 24 weeks of age; otherwise 4 doses are required.		
Polio Poliomyelitis (IPV) For OPV see page 2	4 doses The final dose of polio must be received at/after 4 years of age and at least six months after the previous dose. Only 3 doses are required if the 3 rd dose was received on/after the child's 4 th birthday and at least six months after the 2 nd dose. Additional doses may be needed to meet requirements. See pg. 2 for retrospective history guidance.		
MMR Measles, Mumps and Rubella	2 doses Minimum recommended age for dose 1 is 12 months. A 3 rd dose will be required if dose 1 was given more than 4 days before 1 st birthday.		
VAR Varicella (chickenpox)	1 dose Minimum recommended age for dose 1 is 12 months. 2 doses, at least 4 weeks apart, are required if dose 1 was given at 13 years of age or older.		
DTaP, Tdap, Td Diphtheria, Tetanus, and Pertussis	5 doses of DTaP The final dose of tetanus-diphtheria containing vaccine must be received at/after 4 years of age and at least six months after the previous dose. Only 4 doses are required if the 4 th dose was received on/after 4 years of age; in certain situations, an additional dose may be required, up to a maximum of 6 doses (before age 7).	4 doses of tetanus-diphtheria containing vaccine (or combination of DTaP, Td or Tdap doses). At least one dose at/after 4 years of age and at least 6 months from the previous dose. 3 doses (with one at/after 4 years) is acceptable if the first dose was given on/after 1 st birthday; otherwise refer for an additional dose.	1 dose of Tdap is required If the student does not have a Tdap but received a dose of tetanus-diphtheria- containing vaccine within the past 5 years, refer for the adolescent Tdap dose when 5 years has passed since that dose. If a student has received 1 valid dose of adolescent Tdap (age 10 years or older), no further doses are needed. Students must have a minimum series of 4 doses of tetanus-diphtheria-containing vaccine; 3 doses acceptable if the 1 st dose was given on/after 1 st birthday.
MenACWY or MCV4 Quadrivalent Meningococcal	Retrospectively: Menomune (Meningococcal Polysaccharide) vaccine was a quadrivalent vaccine so it is acceptable; however, production of this vaccine was discontinued in February 2017. Menomune doses are considered acceptable for school requirements.		1 dose of MenACWY is required A dose administered at 10 years of age will meet the requirement.

**ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY -
Minimum Interval/Catch-up Guidance; Grades K-12 (School year 2023-2024)**



Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
HepB Hepatitis B	dose 1	Birth	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> Some children may receive a birth dose and then a combination vaccine resulting in a total of 4 (or more) doses. As long as the interval between doses is met, 4+ doses meet requirements. 2 doses, at least 4 months apart, meet the requirement if the child received the adolescent series using the Merck Recombivax HB Adult Formulation when the child was 11-15 years of age.
	dose 2	4 weeks	At least 8 weeks between dose 2 & 3 (or final)	
	dose 3	24 weeks	At least 16 weeks between dose 1 & 3 (or final) AND at/after 24 weeks of age	
Polio IPV or OPV	dose 1	6 weeks	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> Retrospectively: 1) A final dose given on or after August 7, 2009, must be given at or after 4 years of age and a minimum interval of 6 months from the previous dose. 2) Students who received 4 doses (with at least 4 weeks minimum intervals between doses and/or before the age of 4 years) PRIOR to August 7, 2009 have met the requirement. OPV given prior to April 1, 2016 will be presumed to be trivalent and therefore acceptable, regardless of age, or country, of administration. Any OPV doses administered on or after April 1, 2016 are presumed to be bivalent and therefore unacceptable. Poliomyelitis vaccine is not recommended in the U.S. for individuals 18 years of age or older; however, a complete series is still required for school attendance.
	dose 2	10 weeks	At least 4 weeks between dose 2 & 3	
	dose 3	14 weeks	At least 4 weeks between dose 3 & 4	
	dose 4	4 years	At least 6 months between final dose and previous dose (could be final dose 3 or final dose 4)	
MMR Measles, Mumps and Rubella	dose 1	12 months	At least 4 weeks (28 days) between dose 1 & 2	<ul style="list-style-type: none"> If MMR dose 1 was given more than 4 days before the 1st birthday, another dose is required. MMR and varicella vaccines are live vaccines and must be given on the same day or at least 28 days apart (this rule also applies to live nasal influenza doses).
	dose 2	13 months		
VAR Varicella (chickenpox)	dose 1	12 months	At least 3 months between dose 1 & 2 4 weeks (28 days) between doses if administered at age 13 or older	<ul style="list-style-type: none"> If varicella dose 1 was given more than 4 days before the 1st birthday, another dose is required. MMR and varicella vaccines are live vaccines and must be given on the same day or at least 28 days apart (this rule also applies to live nasal influenza doses).

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
DTaP, Tdap, Td Tetanus, Diphtheria, and Pertussis	dose 1	6 weeks	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> DTaP is licensed for children through age 6. If catch-up doses are needed at age 7 or older, Tdap or Td should be used to start/complete the series. A Tdap given at age 7-9 years of age does not count for the 11-12-year-old Tdap requirement; a Tdap should be given once 5 years has passed since the last dose of tetanus-diphtheria containing vaccines was given. Retrospectively, if a child received a Tdap at age 10 as part of a catch-up series, or inadvertently earlier than the recommended age of 11-12, the dose may be counted as the adolescent dose and is acceptable to meet school requirements. Once a valid adolescent Tdap dose has been received, a tetanus booster is recommended when 10 years has passed since last dose of tetanus-containing vaccine Refer to DTaP, Tdap, Td (Diphtheria, Tetanus, Pertussis) Grades K-12 Flowcharts
	dose 2	10 weeks	At least 4 weeks between dose 2 & 3	
	dose 3	14 weeks	At least 6 months between dose 3 & 4	
	dose 4	12 months	At least 6 months between dose 4 & 5	
	dose 5	4 years	In general, a child should not receive more than 4 doses prior to the 4 th birthday or a total of 6 doses prior to the 7th birthday; however, the child should still receive a dose at/after 4 years of age and at least 6 months from previous dose	
MenACWY, MCV4 Meningococcal	dose 1	10 years		<ul style="list-style-type: none"> Only quadrivalent meningococcal ACWY vaccine doses will be accepted. The vaccines given currently in the U.S. are Menactra, Menveo, and MenQuadfi. No monovalent or bivalent meningococcal vaccinations will be accepted (MenA, MenB, MenC, or MenC/Y).

