

Williams Unified School District #2

PO BOX 427 / 636 S. 7th St.

Williams, AZ 86046

928-635-4473 FAX 928-635-4767

Williams Elementary-Middle School



601 N. 7th St.

Williams, AZ 86046

TEL: 928-635-4428

FAX: 928-635-1213

EMAIL: wemsregistrar@wusd2.org

Williams High School

440 S. 7th St.

Williams, AZ 86046

TEL: 928-635-4474

FAX: 928-635-2796

EMAIL: whsregistrar@wusd2.org



Registration Checklist

WE CANNOT KEEP INCOMPLETE REGISTRATION PACKETS

Required items to bring

1. Student's original birth certificate
2. Student's current Immunization records
3. Proof of Residency
(See the Arizona Residency Documentation form for documents that will be accepted)
4. Parent/Guardian's Photo ID

Packet Forms PLEASE PRINT - USE ONLY BLUE OR BLACK INK

- Student Records Request – filled out, signed and dated
- Student Information (2 pages) – filled out, signed and dated
- Arizona Residency Documentation – filled out, signed and dated
- Special Services - filled out, signed and dated
- Student Residency Questionnaire – filled out appropriately, signed and dated
- Medical Information – filled out, signed and dated
- Home Language Survey – filled out, signed and dated
- Transportation Form – filled out, signed and dated
- Transportation of Preschool/Kindergarten Students – if applicable, filled out, signed and dated
- Falcon Flyers Registration (WEMS only) – filled out, signed and dated for ALL students. This will ensure your child has supervision after school is released in the event you are not able to pickup your child when the bells rings for the end of the school day.

Possible additional items to bring

- Custody documents (if applicable)
- Approved Open Enrollment form



Williams Elementary-Middle School

601 N. 7th St.

Williams, AZ 86046

TEL: 928-635-4428 FAX: 928-635-1213

STUDENT RECORDS REQUEST

Student Name: _____
Last Name First Name Middle Name

Grade: _____

Date of Birth (MM/DD/YYYY): _____

School Last Attended Information

School Last Attended: _____

School Address: _____
Address

City

State

Zip Code

School Phone: _____

Request for School Records:

- Unofficial Transcripts (Email or Fax)
- Withdrawal Grades and Withdrawal Slip
- State Standardized Test Results
- Attendance Records
- Immunization/Health Records
- Birth Certificate
- Discipline Records

Request for Psychological Records:

1. Psychological Records (Current/Last Evaluation)
2. Current/Last 504, IEP & Addendums
3. Eligibility Form
4. Placement Form
5. Background Questionnaire
6. Any and all pertinent medical data

Preferred to be received by email at:

Registrar
Halley Rocha
hrocha@wusd2.org

Preferred to be received by email at:

Special Services Department
Seles Howe
showe@wusd2.org

Registrar Signature

Special Services Signature

1st request _____ 2nd request _____ 3rd request _____

SCHOOL INFORMATION

Grade: _____ Has the student ever attended Williams USD? Yes No

School last attended _____

If school last attended is other than Williams, please complete Student Records Request.

PARENT/GUARDIAN INFORMATION

Parent or Guardian 1 (must reside with student) Relationship to student: _____

Last Name: _____ First Name: _____ Gender: Male Female

Employer: _____ Email: _____

Telephone 1: _____ Daytime Home Mobile Work | SMS (Accepts text messaging)

Telephone 2: _____ Daytime Home Mobile Work | SMS (Accepts text messaging)

Has Custody Lives With School Pickup Receive Official School Communication (calls, postal mail)

Parent or Guardian 2 Relationship to student: _____

Last Name: _____ First Name: _____ Gender: Male Female

Employer: _____ Email: _____

Telephone 1: _____ Daytime Home Mobile Work | SMS (Accepts text messaging)

Telephone 2: _____ Daytime Home Mobile Work | SMS (Accepts text messaging)

Has Custody Lives With School Pickup Receive Official School Communication (calls, postal mail)

Parent or Guardian 3 Relationship to student: _____

Last Name: _____ First Name: _____ Gender: Male Female

Employer: _____ Email: _____

Telephone 1: _____ Daytime Home Mobile Work | SMS (Accepts text messaging)

Telephone 2: _____ Daytime Home Mobile Work | SMS (Accepts text messaging)

Has Custody Lives With School Pickup Receive Official School Communication (calls, postal mail)

LEGAL CUSTODY

Who has legal custody of the student? _____

Relationship to student: _____ Do you have legal documentation showing custody? Yes No

Please be advised Williams Unified School District cannot deny access to any biological parent listed on birth certificate without court ordered documentation.

EMERGENCY CONTACT

Emergency Contact 1: Last Name: _____ First Name: _____

Phone Number: _____ Relationship to Student: _____

Is Emergency Contact 1 authorized to pickup student from school? Yes No

Emergency Contact 2: Last Name: _____ First Name: _____

Phone Number: _____ Relationship to Student: _____

Emergency Contact 2 authorized to pickup student from school? Yes No

 **Parent/Guardian Signature:** _____ **Date:** _____



Arizona Department of Education
Arizona Residency Documentation Form

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

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



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.

Williams Unified School District #2
2023-2024 SPECIAL SERVICES

The Special Services Department provides quality educational services to students who are educationally disabled and have special needs. Services are designed to provide learning in the “least restrictive environment” and include a variety of placement options such as regular class placement with support, self-contained programs, and specialized placements.

Specialized services and placements are available to students to meet their individual needs. Program offerings are continually assessed to meet students' changing needs. Programs and services are provided to facilitate inclusion in the general education classroom to the fullest extent possible.

Please complete the following information, answer the questions concerning your child, sign and date.

Student Name: _____
Last Name First Name Middle Name

Date of Birth (MM/DD/YYYY): _____ Grade: _____

1. Has your child ever been enrolled in the following programs?

- Special Education Yes No
If YES, what areas: reading math written language behavior
- Speech/Language Therapy Yes No
- Title 1/Chapter 1 Reading and/or Math Yes No
- Reading Support Program Yes No
If YES, program name _____
- Gifted Program Yes No
- E.L.L. Yes No
- 504/IEP Yes No

2. Annual screening is needed for Special Education, please indicate whether you would like to have your child screened in-house for any of the following:

- Hearing Yes No
- Vision Yes No

Contact the Special Services Department at (928) 635-4473 ext. 316 if you have questions or concerns.



Parent/Guardian Signature: _____

Date: _____

WILLIAMS UNIFIED SCHOOL DISTRICT #2

SUPERINTENDENT
Eric Evans

636 S. 7th STREET P.O. BOX 427
WILLIAMS, ARIZONA 86046

TEL: (928) 635-4473 FAX: (928) 635-4767

WEMS PRINCIPAL
Jannette Bressler

WHS PRINCIPAL
Dr. Connie Hargis

BOARD OF EDUCATION
John Romero, President
Carla Dent, Vice President
Steve Auld
Leah Payne
Julia Pearson

2023-2024 Fee Schedule

Williams Elementary-Middle School

- Student Activity Fee \$10.00 per student per year
\$20.00 family maximum
- Band Activity Fee \$10.00 per student per year
- District Instrument Fee \$10.00 per student per year
- Sports Fee - Online Student \$150.00 per athlete per semester*

Williams High School

- Student Activity Fee \$30.00 per student per year
\$60.00 family maximum
- Band Activity Fee \$10.00 per student per year
- District Instrument Fee: \$10.00 per student per year
- Student Sport Fees \$25.00 per sport \$50.00 maximum per athlete
\$100.00 family maximum
- Sports Fee - Online Student \$150.00 per athlete per semester*

Notes:

- *Student Activity Fees are used to purchase class materials, student rewards and apparel to benefit students and build school pride. Fees may also be used for educational trips, programs and assemblies.*
- *Band Activity Fee is for purchase of personal instructions material.*
- *District Instrument Fee pays for sanitation of instruments borrowed from the District. Only applicable if using a District instrument.*
- *Student Sport Fees are used to purchase uniforms, equipment, pay referees, travel and other sport needs to benefit athletes.*
- **WUSD Athletics participation fee for students in grades 6-12 attending an Arizona online public charter school and residing in WUSD school district boundary*
- *Student Activity Fee will go to tax credit eligibility.*
- *Principals may waive any or all fees based a student's hardship or need.*

INFORMATION FOR PARENTS



IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING SITUATIONS:

In a shelter



In a motel or campground due to the lack of an alternative adequate accommodation



In a car, park, abandoned building, or bus or train station



Doubled up with other people due to loss of housing or economic hardship

Your school-age children may qualify for certain rights and protections under the federal McKinney-Vento Act.

Your eligible children have the right to:

- Receive a free, appropriate public education.
 - Enroll in school immediately, even if lacking documents normally required for enrollment.
 - Enroll in school and attend classes while the school gathers needed documents.
 - Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is your preference.
- * If the school district believes that the school you select is not in the best interest of your children, then the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.
- Receive transportation to and from the school of origin, if you request this.
 - Receive educational services comparable to those provided to other students, according to your children's needs.

If you believe your children may be eligible, contact the local liaison to find out what services and supports may be available. There also may be supports available for your preschool-age children.



Local Liaison
Andrew Wollman
928-635-4428
awollman@wusd2.org

State Coordinator
Sylvia Chavez
602-542-4963
sylvia.chavez@azed.gov

If you need further assistance with your children's educational needs,
contact the National Center for Homeless Education:
1-800-308-2145 * homeless@serve.org * <http://nche.ed.gov>



STUDENT RESIDENCY QUESTIONNAIRE

Student Name: _____ Birth Date: _____ Grade: _____

Please list all other preschool and school-aged children currently living with you.

Student Name: _____ Birth Date: _____ Grade: _____

Student Name: _____ Birth Date: _____ Grade: _____

Student Name: _____ Birth Date: _____ Grade: _____

Information provided on this form is confidential.

Does your student live in any of these following situations?

- Sharing the housing of other persons such as friends or family due to: (check one)
 - Loss of housing, economic hardship or a similar reason (example: evicted from home, etc.)
 - Long-term, cooperative living arrangement to save money or a similar reason
 - Other (please specify): _____

In a motel, hotel, campground or similar setting

In emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing

Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans

In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

In our own home, apartment, or condo

Other: Please specify: _____

Current Address: _____ City & Zip: _____

I received a copy of the McKinney-Vento Rights (on the next page).



Signature of Parent/Guardian

Date

Students living in some transitional situations may qualify as homeless. Eligibility is determined by the District's Homeless Education Liaison and must be renewed each school year.

For Office Use Only

Family added to McKinney-Vento Program

Yes

Homeless Liaison Signature: _____

No

Date: _____

**Williams Unified School District #2
2023-2024 MEDICAL INFORMATION FORM**

Student Name: _____ Last Name First Name Middle Name DOB: _____ Grade: _____

Please indicate, in the space below, any allergy or medical concern which may affect the treatment of your child.
If a question does not apply, please fill in the blank with "N/A" or Not Applicable".

Medical concerns: _____

Allergies to medication: _____

Other allergies: _____

Medication(s) currently taking either at home or at school: _____

***All other medication must be supplied by the parent in the original container with written instructions and given to the office.
No student is permitted to carry any medications on them at any time.***

Has your child had any of the following?

ADD/ADHS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chest Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ear Infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ear Tubes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Orthopedic Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Urinary Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____			

Are there any restrictions for your child in physical education or other physical activities? Yes No If yes, please provide documentation.

Family Doctor: _____

Phone Number: _____

MEDICATION INFORMATION

Please indicate if any of the following medication may be administered to your child.

Acetaminophen/Tylenol	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergy Medication/Benadryl	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antacid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Antibiotic Ointment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bactine Antiseptic	<input type="checkbox"/> Yes <input type="checkbox"/> No	Burn Cream	<input type="checkbox"/> Yes <input type="checkbox"/> No
Calamine Lotion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cold Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough Drop	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eye Drops	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eye Wash	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrogen Peroxide	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ibuprofen/Advil	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lip Balm	<input type="checkbox"/> Yes <input type="checkbox"/> No	Orajel/Anbesol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pepto Bismol	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sunscreen	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vaseline (Petroleum Jelly)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Midol	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	

MEDICAL SCREENINGS

Please indicate whether if you would like to have your child screened for any of the following:

Hearing Yes No Vision Yes No

Please check Yes or No:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<i>I give my permission for the Williams Unified School District to provide emergency medical treatment for my child.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>I give permission for my child to be transported by whatever means necessary as determined by the District to the nearest emergency medical facility for treatment.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>I give my consent to the rendering of such medical services for my child as shall be deemed necessary, in the opinion of my family doctor or the doctor rendering such services.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>In an effort to provide the best services possible, the District has been approved as a provider for Medicaid in the Public Schools. If your child is currently covered under the AHCCCS program or should become covered in the future. The District will be able to obtain partial reimbursement for providing health-related service to your child. I give my permission for this information to be released to AHCCCS for billing purposes. (You may revoke this permission at any time.)</i>

 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 05-2023)

Williams Unified School District #2
2023-2024 TRANSPORTATION FORM

In an effort to maintain accurate student transportation information, please provide detailed information about how your student will get to and from school on a daily basis.

Student Name: _____ Grade: _____

Home Address: _____

Cross Streets: _____

In the *morning*, my child(ren) will:

- Walk to School
- Parent Drop Off
- Ride Bus to School

If riding bus, what is your subdivision and cross streets?

After school, my child will:

- Walk to (i.e. home, grandma) _____ M T W Th
- Parent Pick Up _____ M T W Th
- Ride Bus to (i.e. home, grandma) _____ M T W Th

If riding bus, what is your subdivision and cross streets?

In the event your child misses his/her bus stop, who should be contacted?

Name: _____ Phone Number: _____

In the event the person above cannot be reached, please provide the name and number of a person who could pick up your child.

Name: _____ Phone Number: _____

IMPORTANT NOTES:

- ◆ *For the safety of the child, it is **NOT** recommended to change transportation routine. In a unique situation, a change can be made. It is the responsibility of the parents to inform the student's teacher or front office by phone or in writing of any changes in a student's daily routine prior to **12 pm**. If no changes are received, staff will operate on original schedule.*
- ◆ *Riding the bus is a privilege not a right. Students should be respectful and follow direction. Students not following direction may be suspended from riding the bus.*
- ◆ *All students riding the school bus must have this form on file.*

 Parent/Guardian Signature: _____ Date: _____

Williams Unified School District #2
2023-2024 TRANSPORTATION OF PRESCHOOL/KINDERGARTEN STUDENTS

There must be a parent or responsible party designated in writing by the parent or guardian at the bus stop to meet the bus for all kindergarten students. Siblings or friends 1st grade and above are acceptable escorts if the parent or guardian has made that designation in writing and provides the letter to the driver. If a responsible party is not at the bus stop, the student will be returned to the school. We apologize in advance for any inconvenience that this may cause. In cases where there are numerous incidents of having to return the student to the school, it may result in denial of student's bus riding privilege for 5 days.

PRESCHOOL/KINDERGARTEN ESCORT AUTHORIZATION

Name of Student: _____

Bus Route #: _____

The following person(s) are authorized to meet the bus and escort above named kindergarten student to and from bus stop when I am not available. A student may be escort if they are 1st grade or higher.

1. _____

2. _____

3. _____

4. _____

If authorized person(s) is not at bus stop, student will be returned to the school.

Parent/Guardian Contact Number: _____

Contact the Transportation Department at (928) 635-4473 ext. 315 if you have questions or concerns.



Parent/Guardian Signature: _____

Date: _____



WEMS 21st CCLC FALCON FLYERS REGISTRATION

The program is to establish or expand a broad array of services in *community learning centers* for students during non-school hours or periods when school is not in session. Complete the form entirely for student to participate.

PLEASE PRINT AND USE LEGAL BIRTH CERTIFICATE NAME

STUDENT INFORMATION:

Last Name: _____ First Name: _____

Date of Birth: _____ / _____ / _____

Student's Grade / Teacher: _____ / _____

Parent/Guardian Name(s): _____

Address: _____

Phone: _____ C/H/W _____ C/H/W

Email(s): _____

Emergency contacts (If parent/guardian cannot be reached in an emergency or if the student is absent without excuse.)

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Information (Mark all that apply):

- Inhaler (Additional form must be filled out)
- EpiPen (Additional form must be filled out)
- Allergy
- Other _____

AFTER PROGRAM PICK-UP INFORMATION:

My child may walk home Yes No

My child will be picked up Yes No

Others authorized to pick up my child:

Name: _____ Relation: _____

Name: _____ Relation: _____

If available, my child will ride the activity bus Yes No

Nearest bus stop or cross streets: _____

VOLUNTEER INFO:

Many hands make for light work! We encourage Falcon Flyers participants' families to volunteer for the program by helping with our homework help period, donating supplies, or offering to teach a class.

- I would like to volunteer for the Falcon Flyers homework help period (1 day per month).
- I would like to donate supplies/equipment to the program.
- I would like to teach a class to students or adults for the Falcon Flyers.

Topic: _____

Falcon Flyers volunteers must complete a district volunteer packet, available in the front office.

PHOTOGRAPHS:

My student may be photographed in the program for marketing purposes. Yes No

NOTES TO PARENTS/GUARDIANS (CHECK BOX TO SHOW CONSENT):

- Falcon Flyers ends promptly at 6:00 pm. Parents who are consistently late will have their child removed from the program.
- All students registered in Falcon Flyers will follow the Student Falcon Code of Conduct (reference the student handbook on wusd2.org). Students in violation of the school conduct code may be removed from the program.
- Falcon Flyers offers free snacks. Students may eat for free or bring a snack from home. (Falcon Flyers may be unable to accommodate dietary needs or restrictions).

Parent/Guardian Signature: _____ Date: _____