

**WILLIAMS ELEMENTARY-MIDDLE SCHOOL  
2023-2024 SCHOOL YEAR EMERGENCY CONSENT FORM**

Please LEGIBLY complete the information below in black or blue ink to ensure our records are current.

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

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Grade: \_\_\_\_\_ SAIS ID #: \_\_\_\_\_  
Official Use

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

Street Address: \_\_\_\_\_  
House Number and Street Name Apt #  
City State Zip Code

Mailing Address (if different from above): \_\_\_\_\_  
Address  
City State Zip Code

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

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

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

Telephone 1: \_\_\_\_\_ Daytime Home Mobile Work | SMS (text messaging)

Telephone 2: \_\_\_\_\_ Daytime Home Mobile Work | SMS (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: \_\_\_\_\_

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

Telephone 1: \_\_\_\_\_ Daytime Home Mobile Work | SMS (text messaging)

Telephone 2: \_\_\_\_\_ Daytime Home Mobile Work | SMS (text messaging)

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

*Please give the names of relatives or friends, in the local area, who will assume responsibility for your child in the event you cannot be reached in case of an illness or emergency. YOUR CHILD **WILL NOT BE RELEASED TO ANY OTHER PERSON WITHOUT YOUR WRITTEN PERMISSION.** Please notify these persons of these arrangements. In the event of changes, please notify the school in writing.*

1. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please check Yes or No:

YES NO

I give my permission for the Williams Unified School District to provide emergency medical treatment for my child.

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 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.

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.)



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



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

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

## WILLIAMS UNIFIED SCHOOL DISTRICT #2

SUPERINTENDENT  
Eric Evans

636 S. 7<sup>th</sup> 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](mailto: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:** \_\_\_\_\_

**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 1<sup>st</sup> 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 21<sup>st</sup> 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 \_\_\_\_\_

