



**Williams High School**  
440 S. 7th St.  
Williams, AZ 86046  
TEL: 928-635-4474 FAX: 928-635-2796

## 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:

- Official Transcripts (Mail)
- 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 IEP & Addendums
3. Eligibility Form
4. Placement Form
5. Background Questionnaire
6. Any and all pertinent medical data

I understand that I am authorizing the above named school to release the psychological records specified. It is understood that this information will be used in a confidential and professional manner in the best interest of the student to access appropriate educational services.

Preferred to be received by email at:

Registrar  
Laci Karlsberger  
Lkarlsberger@wusd2.org or  
whsregistrar@wusd2.org

Preferred to be received by email at:

Special Services Department  
Seles Howe  
showe@wusd2.org

\_\_\_\_\_  
Registrar Signature

1st request \_\_\_\_\_ 2nd request \_\_\_\_\_ 3rd request \_\_\_\_\_

# Williams Unified School District #2

PO BOX 427 / 636 S. 7th St.  
Williams, AZ 86046  
928-635-4473 FAX 928-635-4767



**OUR MISSION**  
To Educate the Whole Student

## 2023-2024 REGISTRATION

### For School Use Only

SAIS ID: _____	Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade: _____
Student ID: _____	Immunizations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Entry Date: _____
Activity Fee: _____	Proof of Residency: <input type="checkbox"/> Yes <input type="checkbox"/> No	E Code: _____
		System Entry Date: _____

*The following information is necessary on all students entering for the first time or transferring from another school system to the Williams Unified School District.*

### STUDENT INFORMATION

Student Name: (Please PRINT student name exactly as it appears on the birth certificate)

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

2. Gender:  Male  Female

3. Date of Birth (MM/DD/YYYY): \_\_\_\_\_

4. Place of Birth: \_\_\_\_\_  
City State County Country

5. Primary Phone: \_\_\_\_\_

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

7. Mailing Address (if different from above):  
Address City State Zip Code

### DEMOGRAPHICS

- What language do people speak in the home *most* of the time? \_\_\_\_\_
- What language does the student speak *most* of the time? \_\_\_\_\_
- What language did the student *first* speak or understand? \_\_\_\_\_
- Is the student Hispanic or Latino?  Yes  No
- What is the student's race?  White  Black or African American  Asian  American Indian or Alaska Native  
 Native Hawaiian/Other Pacific Islander
- Has your student attended at least 3 years of school in the United States?  Yes  No

### 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

 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.*

**WILLIAMS HIGH SCHOOL**

**SUPERINTENDENT**  
Eric Evans

440 S. 7<sup>th</sup> St. P.O. BOX 427  
WILLIAMS, ARIZONA 86046  
TEL: (928) 635-4474 FAX: (928) 635-2796

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

**PRINCIPAL**  
Dr. Connie Hargis

**2023-2024 Student Fee Worksheet**

- 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

**All fees are required to be paid in full at registration.**

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

Student Activity Fee: .....\$30.00 per year.....\$ \_\_\_\_\_

Band Activity Fee: .....\$10.00 per year.....\$ \_\_\_\_\_

District Instrument Fee: .....\$10.00 per year.....\$ \_\_\_\_\_

Student Sport Fee: .....\$25.00 per sport.....\$ \_\_\_\_\_

Unpaid Fees: .....\$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

Total Paid: \$ \_\_\_\_\_

# 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 ext 305  
awollman@wusd2.org

State Coordinator  
Sylvia Chavez  
602-542-4963  
silvia.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: \_\_\_\_\_



**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: \_\_\_\_\_