

WILLIAMS HIGH 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: Student Cell #:

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: Telephone 2: 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: Telephone 2: 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. 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.*

WILLIAMS HIGH SCHOOL

SUPERINTENDENT
Eric Evans

440 S. 7th 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
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 * <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: _____