

ARIZONA REQUIREMENTS FOR SCHOOL ENROLLMENT

- Certified Birth Certificate
- Original Immunization Record
- Proof of Residency (see attached). **If you do not have a proof of residency and live with family and friends, an affidavit will need to be completed and notarized.**
- Completed Enrollment Packet
- Start Time **8:00 am**
- Tardy **8:01 am**
- Released 3:00 pm (M, Tue, W, Thu)
- Early Release 1:30 pm (Fri)
- Students are **NOT** allowed on campus before **7:30 a.m.**
- **Students being taken out of school early** require a signed note, email (brutonj@mvdistrict.net) or in person visit from parent before **2:15 pm** M, Tu, W, and Th, and **12:50 pm** on Friday. Please contact the office if an emergency arises and the student must leave after these times.
- *Changes at the end of the day disrupt the learning process and create an unsafe environment as the office staff is very busy alerting students and teachers of changes in transportation and pick-up information.
- Uniforms consist of **Maroon** polo tops for **1st and 2nd** grades and **Neon Orange** polo tops for **PS and KG**. Any color/pattern bottoms may be worn as long as they have a 6" inseam and no fringe/fraying or holes. Shoes need to be fully enclosed or at least a strap around the back of the ankle. **No sliders or flip flops.**

**DIRECTIONS FOR OBTAINING A BIRTH CERTIFICATE FOR BIRTHS IN ARIZONA-PLEASE FOLLOW
INSTRUCTIONS ON NEXT PAGE!**

Public Health Licensing



ARIZONA DEPARTMENT
OF HEALTH SERVICES

azhealth.gov

Health and Wellness for All Arizonans

To whom it may concern,

The Arizona Department of Health Services, Bureau of Vital Records (Department) has implemented a new online ordering service for Vital Records. Parents and guardians enrolling children in school can now order the child's birth certificate online. Processing and mailing of the birth certificate is quick and convenient with this new service. The Department would greatly appreciate you sharing this information with parents and guardians. Please direct parents and guardians to the following website: www.azhealth.gov/birthcertificate

Thank you for your partnership,

The Arizona Department of Health Services

**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)

_____ 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: _____

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)

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

Mohave Valley Elementary School District #16

Grade _____

Last Name: _____ First Name: _____ MI: _____ Sex: M ___ F ___

Birthday: _____ Place of Birth: City _____ State _____

Home Phone: _____ Cell Phone: _____ Email: _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

1. What is the primary language used in the home regardless of the language spoken by the student? _____ 2. What is the language most often spoken by the student? _____ 3. What is the language that the student first acquired? _____

Ethnicity: Hispanic/Latino decent? Yes ___ No ___

White ___ Black/African Am. ___ Asian ___ Hawaiian/Pacific Islander ___ Am. Indian/Ak. Native ___ (Tribe): _____

Father/Stepfather/Legal Guardian (circle one): _____ Living w/Student: Yes No

Place of Employment: _____ Work Phone: _____ Dept. _____

Mother/Stepmother/Legal Guardian (circle one): _____ Living w/Student: Yes No

Place of Employment: _____ Work Phone: _____ Dept. _____

Siblings Enrolled in MVSD: Name: _____ Grade _____ Name: _____ Grade _____

Name: _____ Grade _____ Name: _____ Grade _____

Previous School: _____ Phone: _____ City _____ State _____

Has your child EVER been in a school in Arizona? Y or N.

Has your child ever been in Special Education? Y ___ N ___ Does the student have a current Individual Education Plan? Yes ___ No ___
Other programs your child has been in? ELL ___ 504 ___ Gifted ___ Title ___

Has your child ever been long-term suspended or expelled from a school district? Yes ___ No ___

If yes, when and from what school district: _____

Does your child have any discipline issues pending from his or her past school? Yes No

If yes, Please explain: _____

PARENTAL STUDENT RELEASE DOCUMENTATION

In most cases, students will only be released to individuals listed on a child's registration and/or emergency information form. By law, students must be released to either parent UNLESS the school office has court documentation on file denying custody to a specific parent(s), OR, declaring one parent the lone custodian/guardian.

Is there anyone in the family or otherwise the school cannot release your child to? Please attach court documentation if this is a parent.

Parent Name _____ Parent Signature _____ Date _____

I certify that the information contained on these two pages is accurate to the best of my knowledge.

THERE ARE NO TEMPORARY BUS CHANGES

FOR OFFICE USE ONLY: DO NOT WRITE IN THIS AREA

Enrollment Date: _____ Verified ___ Enrollment Code: _____ Homeroom Teacher _____

B/C: _____ IMM: _____ RES: _____ SPED: Records Y ___ N ___

Rte #: _____ AM Bus Stop: _____ Rte# _____ PM Bus Stop: _____

Notes: _____



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 01-2020)

Student Name: _____ Grade: _____ DOB: _____

EMERGENCY/MEDICAL INFORMATION

In the event of an accident or serious illness, and if the school is unable to reach me, I hereby authorize the school to call the physician indicated below and follow his instructions. If it is impossible or not prudent to contact this physician, the school may make whatever arrangements are necessary.

Physician/Practice: _____ Phone: _____

Is your child currently under the care of a physician? Yes ___ No ___ Can your child be given acetaminophen? Yes ___ No ___

Does your child take medication daily? Yes ___ No ___ Can your child be given cough drops? Yes ___ No ___

Please explain/other pertinent medical information: _____

Does the student have allergies and to what? _____

Please list the names and phone numbers of **at least** two nearby relatives/neighbors/friends that we may contact in the event of an emergency and who will have your permission to pick up your child from school. When no parent or emergency contact can be reached, the school will **release custody to the proper law authorities**. Please note that students will only be released to parents or those you list below. To make other arrangements, please notify the school in writing.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Has your child ever had or now has:

Yes	No	Item	Yes	No	Item
		Allergy to Bee Sting			Measles
		Anemia			Menstrual Cramps (severe)
		Arthritis			Migraine Headaches
		Asthma			Mononucleosis
		Chicken Pox			Mumps
		Concussion			Pneumonia
		Diabetes			Polio
		Eczema			Rheumatic Fever
		Emotional Problems			Sinus Trouble (severe)
		Epilepsy			Sore Throats (chronic)
		Fainting (frequent)			Tuberculosis
		Heart Murmur			Whooping Cough
		Hepatitis			Other
		Hernia			Other
		Hives			Other
		Kidney Problems			Other

I certify that the information contained on these two pages is accurate to the best of my knowledge.

Parent Name _____

Parent Signature _____

Date _____

Documentation of Varicella (Chickenpox) Disease or Immunization

Student Name: _____

Date of Birth: _____

School Name: _____

Grade: _____

Has your child ever had chickenpox (please circle one answer)?

Yes (go to #1)	No (go to #2)	Don't Recall (go to #1)
-------------------	------------------	----------------------------

1. Please answer the following questions (please circle one answer):

a) Was your child in "face-to-face" contact with other children who had chickenpox?

Yes	No	Don't Recall
-----	----	--------------

b) Did your child have a rash on his/her body?

Yes	No	Don't Recall
-----	----	--------------

c) Did the rash "itch"?

Yes	No	Don't Recall
-----	----	--------------

d) Were there blisters present?

Yes	No	Don't Recall
-----	----	--------------

e) Did "scabs" appear toward the end of the rash?

Yes	No	Don't Recall
-----	----	--------------

f) When did your child have chickenpox?
(approximate time)

____/____ Month Year

2. If your child has not had chickenpox, has he/she had the chickenpox (varicella) shot (please circle one answer)?

Yes	No	Don't Recall
-----	----	--------------

If you circled **YES**, please take your child's immunization record to the school health clerk so the date of the shot can be recorded in your child's health record.

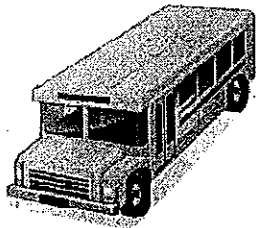
If you circled **NO** or **Don't Recall**, please take your child to their doctor or to the local health clinic to get the chickenpox shot, and then take their immunization record to the school health clerk so the date can be recorded in your child's health record.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

Address: _____

Telephone Number (where you can be reached during the day): _____



Fort Mojave Elementary

DESTINATION SHEET

DATE: _____ TEACHER _____

STUDENT NAME: _____ GRADE: _____

ADDRESS: _____

PARENT NAME: _____ CONTACT # _____

EMERGENCY CONTACT: _____ # _____

NEAREST CROSS STREET: _____

PLEASE MARK ONE:

BUS: _____ PARENT TRANSPORT: _____ DAY CARE _____

For office use:

AM: PICK UP: _____ RTE _____

PM DROP OFF: _____ RTE _____

Please Print Full Name

Please Sign

Please send a note if your child will not be riding the bus, (i.e. doctors appt.) If unplanned change occurs please contact the school at least 1 hour prior to dismissal time. Thank you!

IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE SCHOOL YEAR PLEASE INFORM THE OFFICE
TEMPORARY CHANGES ARE PROHIBITED

Mohave Valley ESD #16
McKinney-Vento Act Questionnaire

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the school determine residency documents necessary for enrollment of this student.

1. Presently, where is this student living?

Please check a box that best describes where the student is living. Check only one box in either Section A –OR– Section B:

Section A	Section B
<input type="checkbox"/> In a shelter	<input type="checkbox"/> Choices in Section A do not apply. THANK YOU. No further information is required.
<input type="checkbox"/> With more than one family in a house or apartment	
<input type="checkbox"/> In a motel, car, or campsite	
<input type="checkbox"/> With friends or family	
If none of the above apply, proceed to Section B. If you checked any box in Section A, please complete the remainder of this form.	If you checked the box above, DO NOT complete the rest of this form. Stop here and give the form to the school secretary/registrar.

Complete the remainder of this form only if you completed Section A

2. The student lives with (check one only):

- | | |
|---|---|
| <input type="checkbox"/> One parent | <input type="checkbox"/> A relative, friend(s), or other adult |
| <input type="checkbox"/> Two parents | <input type="checkbox"/> Alone, with no adults |
| <input type="checkbox"/> One parent and another adult | <input type="checkbox"/> An adult that is not the legal parent/guardian |

3. Demographic Information

School: _____ ☐ Male ☐ Female

Name of Student: _____

Birthdate: _____ Age: _____ SS# _____

Address: _____

Phone or contact phone: _____

Signature of Parent/Guardian: _____ Date: _____

In accordance with Federal Law and US Department of Agriculture Policy, this institution is prohibited from discriminating on the bases of race, color national origin, sex, age, or disability. This institution is an equal opportunity provider.

School Use Only

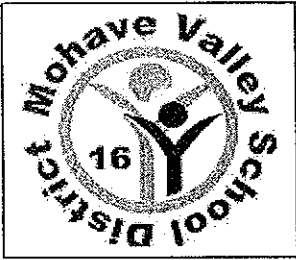
- ☐ Does not qualify under McKinney-Vento Homeless Act
☐ Qualifies under McKinney-Vento Homeless Act

Principal Signature _____

Date _____

-Original to Homeless Folder;

-Copy to Cafeteria, Health Clerk/Nurse



Mohave Valley Elementary School Dist. #16
REQUEST FOR STUDENT RECORDS

Fort Mojave Elementary
1760 Joy Lane
Fort Mohave AZ 86426
Phone 928-768-3986 Fax 928-768-8075
brutonj@mvdistrict.net

Name of Previous School

Street Address

City, State and Zip

() ()
Area Code School Telephone Fax #

I hereby give my permission for the above named school to release my child's:

- **CUMULATIVE RECORDS INCLUDING: SCHOOL TESTS-GRADES-ATTENDANCE**
- **HEALTH RECORDS**

any other information needed for making the appropriate educational placement to Mohave Valley Elementary School Dist

SEND COPIES ONLY – DO NOT SEND ORIGINALS

Name of Student

Date of Birth

Present Grade

Name of Parent/Guardian

Signature Parent or School representative

Date

Please forward the **SPECIAL EDUCATION RECORDS** of the above named
student to:

8450 S. OLIVE AVE, MOHAVE VALLEY, AZ 86440

Phone 928-768-4538 Fax 928-768-2510

Scan to doolind@mvdistrict.net

1st Request _____ 2nd Request _____ 3rd Request _____ Received _____

2018-2019 Mohave Valley School District #16 Uniform Vendors

Vendor	Contact	Address	Phone	Internet
Firehouse Graphics Behind Bohanna Cafe	John Goodwin or Bobbi	4621 Calle El Dorado Fort Mohave AZ	928.768.4906	regpropos.com
Totally Awesome Printing	Tennille Staggs	1524 E Drinda Way	928.704.2787	coloradoriverteas.com
Palm Business Center		Fort Mohave AZ		Prices on line
Silly Cactus	Bob/Candy Mason	2550 S. Miracle Mile Bullhead City AZ	928.758.9167	sillicactus.com Prices on line

MOHAVE VALLEY ESD | 2020-2021 CALENDAR

Adopted 4/28/2020

20 School Offices Open

JULY '20						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JANUARY '21						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Dec. 21-Jan.1 Christmas Break
01 District Office Closed
18 M.L. King Day
22 County Professional Development Day: No School

05 First Day of School

AUGUST '20						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

FEBRUARY '21						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

11 Parent Conferences: Early Release
12 Parent Conferences: No School
15 Presidents' Day: No School

03 Parent Conferences: Early Release
04 Parent Conferences: No School
07 Labor Day: No School

SEPTEMBER '20						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

MARCH '21						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

5-16 Fall Break- No School

OCTOBER '20						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

APRIL '21						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

19-30: Spring Break: No School

11 Veterans Day: No School
23-27 Thanksgiving Break: No School
25-27 District Office Closed

NOVEMBER '20						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MAY '21						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

31 Memorial Day: No School

Dec. 21-Jan.1 Christmas Break
24-25: District Office Closed
31: District Office Closed

DECEMBER '20						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JUNE '21						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

8 Last Day of School
9 Teacher Work Day
17 School Offices Close

Holiday

Work Day

Start/End of Year

Conferences

School Break

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