

Camp Mohave Elementary

2023 - 2024

ARIZONA REQUIREMENTS FOR SCHOOL ENROLLMENT

- **Certified Birth Certificate**
- **Original Immunization Record**
- **Proof of Residency (i.e. utility bill)**
- **Complete enrollment packet**

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 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? _____

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: _____

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 _____

Ibuprofen? 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, 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 _____



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 Mohave Valley Elementary School District

School Camp Mohave Elementary

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)



Arizona Department of Education
Office of English Language Acquisition Services

Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA). Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse antes de que el estudiante tome el Examen AZELLA.

1. ¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?

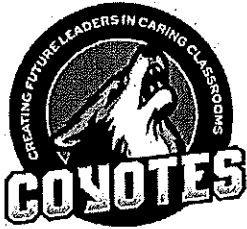
2. ¿Qué idioma habla el estudiante la mayoría del tiempo?

3. ¿Qué idioma habló o entendió el estudiante primero?

Nombre del estudiante _____		Distrito _____	
Fecha de nacimiento _____		Núm. de identificación _____	
Firma del padre o tutor _____		SSID _____	
Distrito o Charter _____		Fecha _____	
Escuela _____			

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.
In AzBDS, please enter all three HLS responses.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)



Camp Mohave Elementary

Mohave Valley Elementary School Dist. #16 Request For Student Records

Camp Mohave Elementary
1797 E. La Entrada
Fort Mohave, AZ 86426
Phone: 928-704-3600 Fax: (928) 704-3663
arrisonc@mvdistrict.net

Name of Previous School

Street Address

City, State and Zip

() ()

School Phone

Fax

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

- Cumulative Records including: School Tests – Grading – Attendance
- Health Records
- Any other information needed for making the appropriate educational placement to Mohave Valley Elementary School District.

Special education records will be requested through our Special Education Dept. 928-768-4538 or Email doolind@mvdistrict.net if you do not receive a request for records.

SEND COPIES ONLY

Name of Student

Date of Birth

Present Grade

Name of Parent/Guardian

Signature Parent or School Representative

Date

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

**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

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 ESD #16
Cuestionario de la Ley McKinney-Vento

Este cuestionario tiene por objeto abordar la Ley McKinney-Vento. Sus respuestas ayudarán a la escuela a determinar los documentos de residencia necesarios para la inscripción de este estudiante.

1. Actualmente, ¿dónde vive este estudiante?

Marque la casilla que mejor describe el lugar donde vive el estudiante. Marque solo una casilla en la Sección A -O- Sección B:

Sección A	Sección B
<input type="checkbox"/> En un refugio	<input type="checkbox"/> Las opciones en la Sección A no se aplican. GRACIAS. No hay más información se requiere.
<input type="checkbox"/> Con más de una familia en una casa o apartamento	
<input type="checkbox"/> En un motel, automóvil o campamento	
<input type="checkbox"/> Con amigos o familiares	
Si no se aplica nada de lo anterior, continúe con la Sección B. Si marcó alguna casilla en la Sección A, por favor complete el resto de este formulario.	Si marcó la casilla anterior, NO complete el resto de este formulario. Deténgase aquí y entregue el formulario a la secretaria/registradora de la escuela.

Complete el resto de este formulario solo si completó la Sección A

2. El estudiante vive con (marque solo uno):

- | | |
|---|--|
| <input type="checkbox"/> Un padre | <input type="checkbox"/> Un pariente, amigo(s) u otro adulto |
| <input type="checkbox"/> Dos padres | <input type="checkbox"/> Solo, sin adultos |
| <input type="checkbox"/> Un padre y otro adulto | <input type="checkbox"/> Un adulto que no es el padre/guardián legal |

3. Información Demográfica

Escuela: _____ ☐ Hombre ☐ Mujer

Nombre del Estudiante: _____

Fecha de Nacimiento: _____ Edad: _____ SS# _____

Dirección: _____

Teléfono o teléfono de contacto: _____

Firma del padre/Guardián: _____ Fecha: _____

De acuerdo con la Ley Federal y la Política del Departamento de Agricultura de los EE.UU., esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo, edad, o discapacidad. Esta institución es un proveedor de igualdad de oportunidades.

Solo Para Uso Escolar

- ☐ No califica bajo la Ley McKinney-Vento para personas sin hogar
☐ Califica bajo la Ley McKinney-Vento para personas sin hogar

Firma del Director _____

Fecha _____

-Carpeta de Originales a Personas Sin Hogar;
 -Copia a Cafetería, Secretaria de Salud/Enfermera

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 date) | _____/_____
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 nurse 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, then take their immunization record to the school nurse 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): _____



Camp Mohave Elementary

MVESD TECHNOLOGY DEVICE USER AGREEMENT

Mohave Valley Elementary School District will loan a Chromebook (device) to the student named below under the following conditions:

- The parent and student must sign this agreement.
- The parent and student understand that the device is only being loaned to the student and it remains the property of the district.
- The device must be returned to the district in working order with all accessories upon the earlier of : (I) withdrawal from the district or transfer to another school district, (II) a request from the school, or (III) the termination of the distance learning period.
- The student must use the device in compliance with the rules in Governing Board Policy JFCH – Student Technology Use (and its regulation), the Student Technology Agreement, and this agreement. The student and parent acknowledge that violation of the rules may result in the loss of use of the device and further disciplinary action.
- Accessing or downloading VPN's or other proxy-avoiding extensions with the internet or bypassing district security features and filtering is prohibited.
- The student will properly care for and use the device.
- Parents/guardians are financially responsible for the repair/replacement costs of the device if the device is damaged, lost or stolen.
- The student or parent must report any lost, stolen or damaged devices to the school immediately. If the device is stolen, the theft must be reported to MCSO and a copy of the deputy report must be delivered to the school.
- If the device is not returned when required by this agreement, after notice to the parent and student the district may report the loss to MCSO as willful failure to return loaned property in violation of A.R.S. 13-1802 or seek other legal remedies.
- The student must not alter the configuration of the device or accompanying software. Copying or installing software on the device is prohibited.
- The student must not physically alter the Chromebook or case in any way (i.e. adding or removing parts or stickers).
- Restoration and repair, as a result of non-compliance of above conditions, is the fiscal responsibility of the borrowing party.

BY SIGNING THIS FORM, WE, THE UNDERSIGNED STUDENT AND PARENT, CONFIRM THAT WE UNDERSTAND AND AGREE TO COMPLY WITH THE TERMS.

STUDENT NAME: _____

STUDENT SIGNATURE: _____

PARENT NAME: _____

PARENT SIGNATURE: _____

HOME ADDRESS: _____

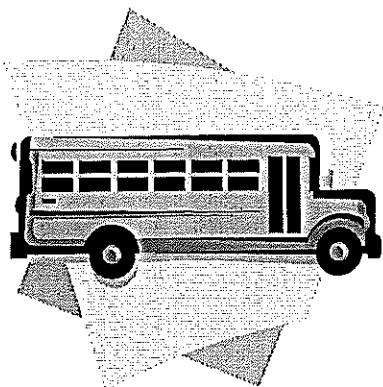
PARENT PHONE #: _____

DATE: _____

STUDENT ID: _____

DEVICE MODEL: _____

DEVICE ID: _____



Camp Mohave Elementary Destination Sheet

Date: _____

Teacher: _____

Student Name: _____ Grade: _____

Address: _____

Parent Name: _____ Contact #: _____

Emergency Contact: _____ Number: _____

Nearest Cross Street: _____

Please Mark One:

Bus: _____ Parent Transportation: _____ Day Care: _____

For Office Use:

AM Pick UP: _____ RTE _____

PM Drop Off: _____ RTE _____

Parent Name (print)

Parent Signature

Please send a note if your child will not be riding the bus, (i.e. doctor 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

IMMUNIZATIONS

Mohave County Department of Public Health

Nursing Division – Immunization Clinic

- Immunizations are provided to all children ages birth through 18 years of age.
PLEASE BRING YOUR CHILD'S IMMUNIZATION RECORD AND INSURANCE CARD (if your child has insurance) WITH EVERY VISIT.

BULLHEAD CITY

1222 Hancock Road

Bullhead City, AZ

(928) 758 – 0703

Immunizations Every Thursday: 8:00am – 11:00pm & 1:00 pm – 4:00 pm

UNIFORM SHIRTS

Silly Cactus

2550 Miracle Mile

Bullhead City, AZ 86442

(928) 758-9167

Totally Awesome Printing

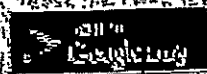
1524 Drinda Way # 105

Fort Mohave, AZ 86426

(928) 704-2787



We are mobile!



Stay Connected with Mohave Valley School District!

All official school and district notices will be posted through the district's app, free in the Apple and Google Play Store by searching for **Mohave Valley ESD AZ**. In the event of an emergency, this will be our single point of posting notices and updates, which is then automatically distributed through the app as well as the district's social media platforms.

We also have a **district website** (www.mvesd16.org) linked to the app, our email newsletter (subscribe at district website above), **ParentVue** (contact school secretary for account information and access code- links found on

the Parent Information tab), and **Twitter** (@mvdistrict).

You can also follow the district and schools individually via Facebook found under:

- *Mohave Valley Elementary School District #16,*
 - *Camp Mohave Elementary School,*
 - *Fort Mojave Elem (FMES), and*
 - *Mohave Valley Junior High School*

If you select only one way to follow the district, make it the Mohave Valley ESD App!

Mohave Valley Elementary School District #16 | 2023-2024 School Calendar

JULY 2023						
S	M	T	W	Th	F	S
						1
2	3		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					

4 – Independence Day- DO Closed
 12 – School Office Opens
 19-21 New Teacher Induction
 24 – New Teachers
 24-25 Learning Academy
 26 – Vet Teachers Return
 31 – First Day of School
 New Teachers: 6
 Teachers: 4 Students: 1

JANUARY 2024						
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			

1 – New Year's Day – DO Closed
 12 – Professional Day – No School
 15 – MLK Day – DO Closed
 Teacher: 17 Student: 16

AUGUST 2023						
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		

16 – Professional Day – No School
 Teachers: 23 Students: 22

FEBRUARY 2024						
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		

19 – President's Day – No School/D.O. Closed
 14-15 – PT Conf.s Early Release
 16 – Professional Day – No School
 Teacher: 20 Student: 19

SEPTEMBER 2023						
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

4 – Labor Day – DO Closed
 Teacher: 20 Students: 20

MARCH 2024						
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						

8 – End of 3rd Quarter
 11-15 – Spring Break
 Teacher: 16 Student: 16

OCTOBER 2023						
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				

6 – End of 1st Quarter
 9-13 – Fall Break
 25-26 – PT Conf.s Early Release
 27 – PT Conf.s No School
 Teacher: 17 Student: 16

APRIL 2024						
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				

Teacher: 22 Student: 22

NOVEMBER 2023						
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		

10 – Veterans' Day Observed
 20-24 – Thanksgiving Break
 22-24 – DO Closed
 Teacher: 16 Student: 16

MAY 2024						
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	

27 – Memorial Day – DO Closed
 22 – Students Last Day
 22 – End of 4th Quarter
 23 – Professional Day
 24 – Teachers' Last Day
 Teacher: 18 Student: 16

DECEMBER 2023						
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						

22 – End of 2nd Quarter
 25-1/5 Winter Break
 25-26 DO Closed
 Teacher: 16 Student: 16

JUNE 2024						
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						

New Teachers 121

Veteran Teachers 111

Students 1180