

CHILD'S FULL NAME _____

ENTRY DATE _____

HOW DID YOU HEAR ABOUT OSBORN? _____

Thank you for choosing an Osborn education for your child. Please fill in the form completely, print, and return to the Osborn school of your choice. Please note that you will only be able to save the information input into this form if you select the 'save as' or 'save a copy' options on your computer. If you have multiple children, complete the form first, print, and then select the 'Reset form for multiple children' button at the end of the form. Scroll to beginning of document and fill in the form for the additional child and print.

Osborn School District #8

NEW STUDENT REGISTRATION PACKET

- Registration Form
- Request for Transcripts and Release of Information Form
- Home Language Survey
- Technology Student Agreement (valid for the entire time student is at Osborn)
- Fieldtrip & Photo Permission Form
- Activity Fee Information
- Health Information Sheet
- Over the Counter Medication Consent
- McKinney-Vento Process
- McKinney-Vento Application
- Serious Acts of Misconduct Signature Page (Rules and Consequences are in the Parent Information Packet.)
- Open Enrollment Application (please fill this out in case you move during the year)
- Out of District Agreement (see above)
- Free/ Reduced Meal Application (available after July 1- Please call 602-707-2021 to have an application sent to your home.)

FOR OFFICE USE ONLY

Grade _____ Entry Date _____ Entry Code _____ Res. Code _____ School: CL ENC LV MCS OMS SOL
 Teacher _____ Student ID # _____ SAIS # _____ Input Date: _____

**OSBORN SCHOOL DISTRICT
 PUPIL REGISTRATION FORM**

Imm. Parent ID BC

CHILD

Legal Name _____ Grade _____ Sex: M F
Last First Middle
 Address & Apt. # _____ Zip _____
 Home Phone _____ Cell Phone/Pager _____ Email _____
 Birth Date _____ Country of Birth _____ State of Birth _____

**MOTHER or
 GUARDIAN**

Name _____
 Occupation _____ Employer _____
 Employer's Address _____ Phone _____

**FATHER or
 GUARDIAN**

Name _____
 Occupation _____ Employer _____
 Employer's Address _____ Phone _____

**BROTHER
 & SISTERS
 in HOME**

| NAME | AGE | SCHOOL | GRADE |
|-------|-------|--------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PERSONS AUTHORIZED TO PICKUP CHILD (other than Parents)

Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____

Transportation: Bus Stop: _____ Bus # _____

Walker Pick up Champions Program After School Program Daycare

EDUCATIONAL HISTORY

Has child previously attended any Osborn Schools?
 Yes No School _____ Grade _____
 Name of last school attended: _____
 Dates attended: _____

The following information is requested for federal surveys

Ethnicity: Hispanic/Latino: Yes No

Race: Please choose one or more of the following:

White Black or African American Asian

Native Hawaiian or other Pacific Islander

American or Alaskan Native Tribe: _____

What is the PRIMARY language of the student?

What is language MOST OFTEN spoken in the home?

What is the language FIRST SPOKEN by the student?

Check any of these programs/services child has previously received: Title I Gifted SEI

Dual Language or Bilingual Indian Education

SPECIAL EDUCATION: Yes No

ED Speech LD MR

Hearing Other: _____

Signature of Person Enrolling Student _____ Date _____

Relationship to Student _____



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**

This question is in compliance with A.R.S. §15-756. *Identification of English Language Learners*

Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

“What is the primary language of the student?”

Language: _____

Student Name: _____

Date of Birth: _____

Parent/ Guardian Signature: _____ **Date:** _____

(For Office Use Only)

Student ID: _____

SAIS ID:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Osborn School District Student Technology Agreement

The terms of this agreement shall be in effect the entire time the student is enrolled in the Osborn School District.

All students of the Osborn School District shall use district-supplied technology in accordance with the following acceptable terms and conditions.

Terms and Conditions

Acceptable Use. Each user must:

1. Use **internal and external computer resources including Internet access** to support personal education objectives consistent with the educational goals and objectives of the School District.
2. Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually orientated, threatening, racially offensive, or illegal material.
3. Abide by all copyright and trademark laws and regulations.
4. Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
5. Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school-employed persons.
6. Not intentionally use the network in a way that would disrupt the use of the network by others.
7. Follow the District's code of conduct and abide by policies and procedures.
8. Not attempt to harm, modify, add or destroy software or hardware nor interfere with system security.

Personal Responsibility. I will report any misuse of computers and/or network resources to my teacher.

Network Etiquette. I am expected to abide by the generally acceptable rule of network etiquette. Therefore I will:

- **Be polite and use appropriate language.** I will not send, or encourage others to send, abusive messages.
- **Respect Privacy.** I will not reveal home addresses, personal phone numbers or personally identifiable information.
- **Avoid Disruptions.** I will not intentionally use the network in any way that would disrupt use of the system by other.

Student Name: _____
(Please print)

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Teacher Name: _____

OSBORN SCHOOL DISTRICT NO. 8

The terms of the Field Trip and Photo Permission forms shall be in effect the entire school year unless modified by parent.

Field Trip Permission Form

As part of your child’s curriculum, there may be field trips throughout the year. Some of these trips will be walking, and others will utilize buses (school and commercial.) School rules require you, as the parent/guardian, to sign a permission slip for each child before they are allowed to go on any trip.

Yes No

I give permission for (child’s name) _____ to take school sponsored field trips. I understand that the district will take reasonable steps to ensure my child’s safety, but that the District cannot eliminate all risks that may be associated with a school sponsored activity. I understand that if I do not want my child to participate in any particular field trip, I will notify the school in writing.

Print Name

Parent/Guardian Signature

Date

Photo Permission Form

During the course of the year, opportunities arise to photograph or film students participating in interesting, educational and fun activities or contests at each school. These pictures could be used in school newsletters, the district newsletter, on the website, in teacher training and in the newspaper or on TV. Your child’s name may be used to identify the student pictured.

Yes No

My child _____ may be photographed or filmed for publicity purposes and my child’s name may be used.

Print Name

Parent/Guardian Signature

Date

STATE REQUIRED ACTIVITY FEE

Dear Parent/Guardian:

The Governing Board is required by the State to set a fee for all extra activities and agreed on a nominal \$1.00 participation fee per student for ALL activities for ALL school year. ADDITIONAL FEES MAY BE CHARGED FOR SPECIAL ACTIVITIES SUCH AS FIELD TRIPS WHEN THERE ARE INSUFFICIENT TUITION TAX CREDIT DOLLARS AVAILABLE.

However, no student will be excluded from any extracurricular, co-curricular activity or program due to an inability to pay. If this creates any undue financial hardship, please check below for a waiver.

PLEASE PRINT LEGIBLY
(Please complete one form per child)
RETURN THIS WITH THE \$1.00 TO YOUR CHILD'S TEACHER

Teacher's Name: _____

Student Name: _____ Student Grade: _____

Fee Paid: \$ _____ I would like this fee waived due to a financial hardship.

Parent or Guardian Signature

Date

Estimados Padres de Familia:

La mesa directiva llegó a un acuerdo de cobrar una cuota nominal de un \$1.00 por estudiante por todas las actividades durante el año escolar. CUANDO NO HAY SUFICIENTES DOLARES DISPONIBLES DEL CREDITO DE IMPUESTOS, PUEDA SER QUE LA ESCUELA COBRARÁ PAGOS ADICIONALES PARA ACTIVIDADES ESPECIALES, TAL COMO EXCURSIONES.

De cualquier manera, ningún estudiante será excluido de ninguna actividad o programa extracurricular o co-curricular debido a no poder pagar la cuota de un \$1.00. Si esto le crea una condición de finanzas dificultosa, por favor anote abajo de éste pagina que no puede pagar.

POR FAVOR ESCRIBE LEGIBLE
(Por favor llene una forma para cada estudiante)
REGRESE ESTA FORMA AL MAESTRO(A) DE SU HIJO(A)

Nombre del Maestro(a): _____

Nombre del Estudiante: _____ Grado: _____

Cuota Pagada: \$ _____ Marque aquí se no puede pagar la cuota.

Firma del Padre o Guardián

Fecha

HEALTH INFORMATION SHEET

CONSENT TO EMERGENCY TREATMENT

CHILD'S NAME: _____

In the event of an emergency, I hereby grant permission for emergency treatment and/or hospital service under the general or specific instruction of Dr. _____

Phone number _____, or any other hospital department physician.

Signature of Parent/Legal Guardian Date

MEDICAL HISTORY:

Date: _____

Asthma/Respiratory Disease Heart Condition

Convulsive Disorders Rheumatic Fever

Physical Handicaps

ALLERGIES: _____

OTHER: _____

TEACHER: _____

EMERGENCY PHONE NUMBERS

MOTHER'S NAME: _____

Home Phone: _____ Work Phone: _____

FATHER'S NAME: _____

Home Phone: _____ Work Phone: _____

In the event neither parent can be reached call:

1. Name: _____ Phone: _____

Relationship to the child: _____

2. Name: _____ Phone: _____

Relationship to the child: _____

INSURANCE INFORMATION - **Check One**

I have AHCCCS Plan _____

I have personal insurance that covers my child.

Name of Insurance Company

I am participating in the Osborn Health Partnership School Clinic.

I have taken school offered insurance for my child.

I do not have school insurance nor personal insurance that covers my child. I understand that I am responsible and liable for any costs incurred by my child while participating in school activities.

PARENT CONSENT FOR GIVING OVER-THE-COUNTER MEDICATION AT SCHOOL

Dear Parent:

Your child may occasionally need medication during the school day. For these occasions we must have written parental permission. Each school nurse maintains a limited supply of over-the-counter medications (may be generic brand) for student use, however, parents are requested to supply over-the-counter medications for their child if the medication needs to be used for an extended time or for a chronic condition. The medication must be in the original container with all warnings and directions clearly visible. The school nurse will attempt alternate methods of care or treatment before using over-the-counter medications.

Please complete the form below and return it to the school nurse if you want your child to receive any of the medications listed below during the school day.

Name of Student: _____

List all known MEDICATION ALLERGIES for the student. If there are none, write, "I am not aware of any allergies to medications".

Date of Birth: _____ Grade _____ Teacher _____

My child may receive the medication(s) marked **YES** below:

| MEDICATION | YES | NO |
|-------------------------------------|-----|----|
| Acetaminophen (Tylenol) | | |
| Robitussin/Robitussin DM | | |
| Triple Antibiotic Cream (First Aid) | | |
| Hydrogen Peroxide (First Aid) | | |
| Chloraseptic Spray (Sore Throat) | | |
| Anbesol (Tooth Ache) | | |
| Tums (Upset Stomach) | | |
| Caladryl (Skin Itching) | | |
| Tea Tree Oil (First Aid) | | |
| Tinactin (Ringworm) | | |
| Burn Gel (Minor Burns) | | |

I authorize the school nurse/health assistant or designee to be my agent to give the medication(s) checked above to my child.

Signature of Parent/Guardian

Date

Phone Number



An Osborn EducationSM

Osborn School District #8 ♦ 1226 West Osborn Road ♦ Phoenix, AZ 85013 ♦ (602) 707-2000 ♦ www.OsbornSchools.org

If due to a lack of housing, you must live in a shelter, motel, vehicle, or campground, on the street, in abandoned buildings or trailers, or doubled-up with relatives or friends, then according to the McKinney-Vento Act, you are considered homeless.

Your children have the right to:

- Go to school, no matter where you live or how long you have lived there.
- Continue in the school they last attended before you became homeless or the school they last attended, if that is your choice and is feasible.
- Receive transportation to the school they last attended before your family became homeless or the school they last attended, if you or a guardian requests such transportation.
- Attend a school and participate in school programs with children who are not homeless.
- Enroll in school without giving a permanent address.
- Enroll and attend classes while the school arranges for the transfer of school and immunization records or any other documents required for enrollment.
- Enroll and attend classes in the school of your choice even while the school and you seek to resolve a dispute over enrolling your child.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Receive transportation to school and to school programs.

When you move, you should do the following:

- Contact the school district's local liaison for homeless education (see phone number below) for help in enrolling your child in a new school or arranging for your child to continue in his or her former school. (Or, someone at a shelter, social services office, or the school can direct you to the person you need to contact.)
- Contact the school and provide any information you think will assist the teachers in helping your child adjust to new circumstances.
- Ask the local liaison for homeless education, the shelter provider, or a social worker for assistance with clothing and supplies, if needed.

If you need further assistance, call the National Center for Homeless Education at the toll-free Help Line number: **1-800-308-2145** or go online at www.serve.org/nche.

Local Area Contacts: Osborn School District, 602-707-2566

State Coordinator: Frank Migali, 602-542-4963

Clarendon School
1225 W. Clarendon
Phoenix, AZ 85013
(602) 707-2200
FAX (602) 707-2240

Encanto School
1420 W. Osborn Rd.
Phoenix, AZ 85013
(602) 707-2300
FAX (602) 707-2340

Longview School
1209 E. Indian School
Phoenix, AZ 85014
(602) 707-2700
FAX (602) 707-2740

Montecito Com. Sch.
715 E. Montecito
Phoenix, AZ 85014
(602) 707-2500
FAX (602) 707-2540

Osborn Middle School
1102 W. Highland
Phoenix, AZ 85013
(602) 707-2400
FAX (602) 707-2440

Solano School
1526 W. Missouri
Phoenix, AZ 85015
(602) 707-2600
FAX (602) 707-2640

OSBORN SCHOOL DISTRICT NO. 8
1226 W. OSBORN ROAD
PHOENIX, ARIZONA 85013
(602) 707-2000

1ST Notice 2nd Notice 3rd Notice

Date of Request _____

PARENT OR LEGAL GUARDIAN'S AUTHORIZATION FOR RELEASE OF INFORMATION

Student Name: _____ Birth Date _____ Grade: _____

I hereby authorize: Previous School _____

Address _____ City/Zip _____

Release information to: (Please check school)

- | | | |
|--|---|---|
| <input type="checkbox"/> Clarendon – 1225 W. Clarendon, Phoenix, AZ 85013 | <input type="checkbox"/> Longview – 1209 E. Indian School Rd., Phoenix, AZ 85014 | <input type="checkbox"/> Osborn Middle – 1102 W. Highland, Phoenix, AZ 85013 |
| <input type="checkbox"/> Encanto – 1420 W. Osborn, Phoenix, AZ 85013 | <input type="checkbox"/> Montecito – 715 E. Montecito, Phoenix, AZ 85014 | <input type="checkbox"/> Solano – 1526 W. Missouri, Phoenix, AZ 85015 |

All academic, medical and psychological records, as well as any information on file as a result of evaluations or studies for the above named child. This request includes educational assessments, individual intellectual and emotional assessments, school and academic history and cumulative records.

I understand that this information is in compliance with The Family Educational Rights and Privacy Act of 1974 and will help in planning the educational program for my child. I also understand that confidentiality will be maintained.

Signature of Legal Guardian

Relationship to Child

Address

Zip

Date

DISTRITO ESCOLAR OSBORN NO 8
(602) 707-2000

1^o Aviso 2^o Aviso 3^o Aviso

Fecha de la Solicitud _____

AUTORIZACION DE LOS PADRES O TUTORES PARA ENTREGA DE INFORMACION

Nombre de estudiante: _____ Fecha de nacimiento _____ Grado: _____

Yo autorizo a: Escuela anterior _____

Dirección _____ Ciudad y Código Postal _____

A que entrega a: (Compruebe por favor la escuela)

- | | | |
|--|---|---|
| <input type="checkbox"/> Clarendon – 1225 W. Clarendon, Phoenix, AZ 85013 | <input type="checkbox"/> Longview – 1209 E. Indian School Rd., Phoenix, AZ 85014 | <input type="checkbox"/> Osborn Middle – 1102 W. Highland, Phoenix, AZ 85013 |
| <input type="checkbox"/> Encanto – 1420 W. Osborn, Phoenix, AZ 85013 | <input type="checkbox"/> Montecito – 715 E. Montecito, Phoenix, AZ 85014 | <input type="checkbox"/> Solano – 1526 W. Missouri, Phoenix, AZ 85015 |

Todos los expedientes académicos, médicos y psicológicos, así como cualquier información archivada que como resultado de las evaluaciones o estudios para el niño antes mencionado. Esta solicitud incluye pruebas educativas, evaluaciones individuales intelectual y emocional, la escuela y la historia académica y los registros acumulativos.

Yo entiendo que esta información está de conformidad con el Acta de 1974 de los Derechos Educativos y de Privacidad de la Familia y ayudará a planear el programa de educación para mi hijo(a). También entiendo que se mantendrá la confidencialidad.

Firma del Guardián Legal

Parentesco con el/la Niño(a)

Domicilio

Código Postal

Fecha

OSBORN SCHOOL DISTRICT NO. 8

Office of the Superintendent

TO: All District Parents
FROM: Wilma Basnett, Superintendent
DATE: February, 2010
RE: SERIOUS ACTS OF MISCONDUCT

Our goal is to provide an atmosphere in every district classroom where teachers can teach and students can learn. While there is no way to assure that each child comes to school ready and willing to learn, we will not tolerate a child's misbehavior which interferes with another child's desire to learn. For this reason we want to share information about our Serious Acts of Misconduct with you.

1. Please review the attached copy of SERIOUS ACTS OF MISCONDUCT with your child. Keep the copy in a safe place and periodically review it with your son or daughter. **Please sign the statement at the bottom of this form and return it to your child's teacher by the end of the first week of school.**
2. Consequences for the various acts vary in severity. If your child commits any one of the serious acts, he may be recommended for long-term suspension or expulsion.
3. Three serious acts of misconduct will be grounds for long-term suspension (a period of more than ten (10) days) or expulsion. Principals will consider the type of serious act the student committed, the length of each previous suspension, the closeness of suspensions to one another and the total amount of time the child has already been suspended from school when making a determination as to whether to recommend a long-term suspension or expulsion.
4. For out-of-district students, violation of any three of the serious acts of misconduct will mean revocation of the privilege of attending school in the Osborn School District.

We have read the rules and the consequences of breaking the rules in the Parent Information Packet. We understand that in some instances the first offense may be grounds for long-term suspension or expulsion. We also understand that violation of any three serious acts of misconduct in one school year on any Osborn campus or combination of schools or in the immediate area surrounding the schools is grounds for immediate long-term suspension or expulsion. For out-of-district students, we also understand that violation of any three serious acts of misconduct in one school year will mean revocation of the privilege of attending school in the Osborn School District.

Parent or Legal Guardian Signature

Student Signature

School

Grade

Teacher



An Osborn EducationSM

Osborn School District #8 ♦ 1226 West Osborn Road ♦ Phoenix, AZ 85013 ♦ (602) 707-2000 ♦ www.OsbornSchools.org

OUT OF DISTRICT AGREEMENT

Student: _____ School: _____ Date: _____

ID #: _____ School Year: 20__ to 20__

We understand that, in order to attend the Osborn School District, we must be at school on time and picked up on time; have no discipline or truancy problems and maintain passing grades. If we do not meet these requirements we will be asked to attend our home school. We understand that we are responsible for transportation. False information provided by parent may result in admission being rejected. Signatory affirms that the student will abide by the rules, standards and policies of the school and district.

Student's Name (Print)

Date

Student's Signature

Date

Parent's Name (Print)

Date

Parent's Signature

Date

School Official's Signature

Date

\\Odoofs\district\Registration\Out of District Agreement.doc

Revised 2/10

| | | | | | |
|--|---|---|--|---|--|
| Clarendon School 1225 W. Clarendon Phoenix, AZ 85013 (602) 707-2200 FAX (602) 707-2240 | Encanto School 1420 W. Osborn Rd. Phoenix, AZ 85013 (602) 707-2300 FAX (602) 707-2340 | Longview School 1209 E. Indian School Phoenix, AZ 85014 (602) 707-2700 FAX (602) 707-2740 | Montecito Com. Sch. 715 E. Montecito Phoenix, AZ 85014 (602) 707-2500 FAX (602) 707-2540 | Osborn Middle School 1102 W. Highland Phoenix, AZ 85013 (602) 707-2400 FAX (602) 707-2440 | Solano School 1526 W. Missouri Phoenix, AZ 85015 (602) 707-2600 FAX (602) 707-2640 |
|--|---|---|--|---|--|

OPEN ENROLLMENT STUDENT ATTENDANCE APPLICATION

(District Policies JFAB/JFAB-R)

FILE THIS APPLICATION AT THE SCHOOL YOU WANT YOUR CHILD TO ATTEND.

Student's Name _____
Last First Middle

Current grade _____ Birth date _____ Home phone _____

Work Phone _____ Message Phone _____

Parent's Name _____

Home Address _____
Street City Zip

The above named student: resides outside the School District resides within the School District
If student resides within the district, skip to bottom of form and sign.

Current School of Attendance: _____

District _____ Phone _____

Address _____
Street City Zip

REQUEST ENROLLMENT IN WHICH OSBORN SCHOOL? _____

Is the above-named child:

- | | | | |
|------------------------------|-----------------------------|---|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Expelled from any school or district? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Currently being considered for expulsion from a school or district? | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | In compliance with conditions imposed by a juvenile court? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | In compliance with conditions of disciplinary action in any school/district? |

Note: The following conditions apply to the open-enrollment program:

1. An attendance application must be completed and submitted on or before May 1st when possible. (**Note: This is for returning out-of-district or out-of-boundary students.**)
2. Enrollment is subject to the capacity limit established for the school and/or its grade levels.
3. On or before June 15th, the parent or legal guardian will be notified in writing whether the application has been accepted, rejected, or placed on a waiting list.
4. APPLICATION ACCEPTANCE IS ON A YEAR-BY-YEAR BASIS.
5. Transportation for the student may be the responsibility of the parent or legal guardian
6. Providing false information on this form may result in the application being denied or admission being revoked.

The signatory affirms that the student will abide by the rules, standards, and policies of the school and the District if enrolled.

Signature of Parent or Legal Guardian _____ Date _____

FOR DISTRICT USE ONLY – DO NOT WRITE BELOW THIS LINE

STUDENT NUMBER _____ APPLICATION DATE _____

Accepted Placed on waiting list Principal _____

Rejected Reason for rejection _____

Date copies sent to applicant and Superintendent's office. _____