



Tolleson Elementary School District

Welcome Center – 9401 W. Garfield • Tolleson, AZ 85353

Phone: (623) 533-3980 ♦ Fax: (623) 533-3918 ♦ Email: wcoffice@tesd17.org

Enrollment Packet Checklist Page

You must bring the following documents with you at the time of registration to the Welcome Center. The registration process cannot be completed unless we have all of the following documents:

- ☼ **Official Birth Certificate** (legal guardianship documents required if applicable)
- ☼ **Immunization Record** (must be current)
- ☼ **Proof of Address** (Current utility bill, rental agreement/mortgage statement, etc. in parent/guardian's name)
- ☼ **Parent/Guardian's Photo ID**
- ☼ **Withdrawal Form & Report Card from Previous School** (if applicable)
- ☼ **IEP** (if your child requires Special Services)



FIRST DAY WEDNESDAY AUGUST 4, 2021

Forms to Complete and Return:

- | | |
|--|--|
| <input type="checkbox"/> Enrollment Form | <input type="checkbox"/> Special Education Information |
| <input type="checkbox"/> Home Language Survey | <input type="checkbox"/> Transportation Form |
| <input type="checkbox"/> Emergency Information Sheet | <input type="checkbox"/> Student Residency Questionnaire |
| <input type="checkbox"/> Health Screening Form | <input type="checkbox"/> Arizona Residency Documentation Form |
| | <input type="checkbox"/> Request for Student Records/Authorization for Release |

Return enrollment packet with all forms completed and the required documents listed above:

: Via email to wcoffice@tesd17.org

: In person at our Welcome Center office (623) 533-3980, 9401 W Garfield St. entrance of 95th Ave

Usted debe traer los siguientes documentos el día de la inscripción. El proceso de inscripción no podrá ser completado al menos que tengamos todos los siguientes documentos:

- ☼ **Acta de Nacimiento Oficial** (Documentos legales de custodia requeridos si aplica)
- ☼ **Tarjeta de vacunas**
- ☼ **Comprobante de domicilio** (Reciente recibo de pago de utilidades, contrato de renta/recibo hipotecario, etc. in el nombre del Padre or guardian legal)
- ☼ **Identificación con foto de los Padres/Guardianes**
- ☼ **Forma de Retiro y/o Boleta de Calificaciones de la Escuela Anterior**
- ☼ **IEP** (Si su hijo/a necesita servicios especiales)



PRIMER DÍA MIÉRCOLES 4 DE AGOSTO DE 2021

Formas para llenar y regresar

- | | |
|--|--|
| <input type="checkbox"/> Forma de Inscripción | <input type="checkbox"/> Información acerca de Educación Especial |
| <input type="checkbox"/> Encuesta de Lenguaje en el Hogar | <input type="checkbox"/> Forma de Transporte |
| <input type="checkbox"/> Hoja para información de Emergencia | <input type="checkbox"/> Cuestionario De Residencia De Alumno |
| <input type="checkbox"/> Forma de Salud del Estudiante | <input type="checkbox"/> Forma de Residencia y Documentación en Arizona |
| | <input type="checkbox"/> Autorización para solicitar información en los records del estudiante |

Paquete de inscripción debe ser devuelto con todas las formas completas y los documentos requeridos de la lista previa.

: Por correo electrónico a wcoffice@tesd17.org

: En persona en la oficina del Centro de Bienvenida (623) 533-3980, 9401 W Garfield St. entrada de 95th Ave

In-Person



Tolleson Elementary School District 2024-2025 School Year Student Enrollment Form

School: Arizona Desert Desert Oasis P.H. Gonzales Sheely Farms

Student Information- Please Print

Student Legal Last Name		Student Legal First Name			Middle Name		Suffix Jr etc.
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	US, State of Birth	Country of Birth If not USA	If your child was born outside the U.S. on what date did your child first enter school in the U.S.?
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Ethnicity: (Required) <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Not Hispanic/Latino	Race: (Check ALL that Apply) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaska Native-tribal name; _____ <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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Home Residence Address:	City	Zip
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Mailing Address (if different from above)	City	Zip
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Primary Contact Phone Number for school communication: Cell Home Text Messaging Allowed

Parent/Guardian Information-Must be listed on birth certificate or legal custody documentation. (Parent/Guardian is responsible for providing any and all court documentation pertaining to legal custody of student if any)

Parent/Guardian Name (First, Last):	Parent/Guardian Relation:	Student Lives with: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
-------------------------------------	---------------------------	--

Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Secondary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Email Address:
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Contact Allowed Educational Rights Has Custody Mailings Allowed Enrolling Parent Release to Text Messaging Allowed
 Military Services: Yes No If yes: Active Reserves Veteran

Parent/Guardian Name (First, Last):	Parent/Guardian Relation:	Student Lives with: <input type="checkbox"/> Yes/ <input type="checkbox"/> No
-------------------------------------	---------------------------	--

Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Secondary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Email Address:
--	---	----------------

Contact Allowed Educational Rights Has Custody Mailings Allowed Enrolling Parent Release to Text Messaging Allowed
Military Services: Yes No If yes: Active Reserves Veteran

Siblings in household: Name: _____ Age: _____	Name: _____ Age: _____
Under 18 years: Name _____ Age: _____	Name: _____ Age: _____

Student Previous School Information

Last School Attended:	District:	City:	State
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If the last school was out of state/country has child ever attended school in AZ? Yes No If yes in what year?

Has your child ever been enrolled in Tolleson Elementary School District: Yes No If yes in what year?

Has your child ever been retained? Yes No If Yes at what grade level & school?

Please provide us with the following required information to better serve your student:

Has your child been Long-term Suspended or Expelled Yes No If Yes, explain:

Does your child have an IEP, receives Special Ed Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child been identified as Gifted? <input type="checkbox"/> Yes <input type="checkbox"/> No	At Previous School was Student in ELL Classes? <input type="checkbox"/> Yes <input type="checkbox"/> No
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By signing or typing in my name below: I hereby certify that I am the child's parent or legal guardian and that the information I have given above is true and accurate. I understand it is my responsibility to notify the school in writing of any changes. Also, by providing my phone number and email address I'm opting into school notifications and that I may unsubscribe from critical school notifications at any time during the school year.

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

Official use only

Birth Certif.	Proof Res.	Immuniz.	WD Form/RC	Parent ID	ELL 70 Y N	Trans Req Y N	McK. Vento Y N	Group Home Y N	Foster Home Y N	Img/Ref/M Y N
PHLOTE ANSWER: ENGLISH OR NON-ENGLISH										
Enter Date	Enter Code	Grade	SAIS #	School ID	CTDS	Date Entered Synergy	Initials			
					070417000					

Docs: Sent out: _____ Transp: _____ ELL 70: _____ Special Ed _____ Gifted: _____ McKVento: _____ Lunch: _____ Rec Req. _____

Early Kinder Acceptance Approved Y / N Letter Attached Y / N Date: _____ PS T1 or T2 4 Day or 5 Day



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 _____ Tolleson Elementary School District 17

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)



School: _____ Grade: _____ Student ID #: _____ Teacher: _____

TOLLESON ELEMENTARY SCHOOL DISTRICT No. 17

EMERGENCY INFORMATION FORM

SCHOOL YEAR 2024*2025

Student's Name _____ Male/Female _____ Date of Birth ____/____/____

Home Address _____ City _____ Zip _____ Home Phone: _____

Mother or Guardian _____ Father or Guardian _____

Home Address: _____ Home Address: _____

Main Phone: _____ Main Phone: _____

Email: _____ Email: _____

Work Phone: _____ Work Phone : _____

Work Address: _____ Work Address: _____

Guardian's relationship to student: _____ Guardian's relationship to student: _____

Is Student in Foster Care: Yes No

Are there any Custody Concerns the school needs to be informed on? Yes No —If Yes: Parent/Guardian is responsible for providing Tolleson Elementary School District with the necessary legal custody papers.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person (s) to pick up my child.

Relation: _____ Name: _____ Home Phone: _____ Cell: _____

Relation: _____ Name: _____ Home Phone: _____ Cell: _____

Relation: _____ Name: _____ Home Phone: _____ Cell: _____

Relation: _____ Name: _____ Home Phone: _____ Cell: _____

If Medical Care is Necessary, Call:

DOCTOR: _____
Name Phone Address City State Zip

HOSPITAL: _____
Name Phone Address City State Zip

Does your child have insurance coverage? YES or NO Name of Insurance Company: _____

In case of accident or illness, I request the school to contact me. If the school is unable to reach me or the emergency contacts listed, I hereby authorize the school to call the doctor indicated above and to follow his instructions. If it is impossible to contact the doctor, the school may make whatever arrangements seem necessary.

By signing and/or typing my name below, I hereby give authority to any hospital or doctor to render immediate aid to my child as might be required at the time for his/her health and safety. It is understood by me that the expenses for this service will be accepted by me.

This Emergency Information Form is accurate and complete, and was provided by:

Parent of Guardian Signature

Date



TOLLESON ELEMENTARY SCHOOL DISTRICT No. 17

STUDENT HEALTH SCREENING

Request for administration of prescription or over the counter medication at school

Please complete and return this form to the school Health Office.

School Year: 20 - 20

[] AZ Desert [] Desert Oasis [] P.H. Gonzales [] Sheely Farms

Written permission is necessary before medication can be given to your child. If written permission is not available, then verbal permission may be obtained for each episode. Written permission is valid only for the current school year. If you have any questions regarding this please contact the Health Office of your child's school. Students who need to have access to prescription or over the counter medication in school must leave it with the health office along with the parent/guardian signed medication administration form. Medication must be in its original container with written directions from prescribing physician concerning medication's use and administration.

Grade: _____ **Teacher:** _____

Legal First Name	Legal Middle	Legal Last Name	Date of Birth

Does your child have a hearing problem?	Yes	No
Does your child wear prescription glasses?	Yes	No
Does your child have a speech problem?	Yes	No
Your child's vision and hearing may be tested this year, if you don't want it to be tested please notify the school in writing.		
Please specify any chronic health problems:		
Is your child on daily medications or other medical treatments?		
Has your child had any surgery, accidents or illnesses within the past year?		
Is your child susceptible to infections and if so, what precautions need to be taken?		
Is your child subject to convulsions and what should be our procedure if one occurs?		
Any other health related issues you want to make the school aware of?		
Is your child allergic to food or other substances?	Yes	No
List allergies here:		

Please indicate which of the following medications may be administered to your child for minor injuries or sickness:

Medication	Yes	No	Medication	Yes	No
Acetaminophen (Tylenol) (headache/menstrual cramps, etc)			Ibuprofen/Advil/Motrin (headache/menstrual cramps, etc)		
Eye drops/Eye Wash (wash away foreign object in eyes/burning)			Anti-itch Cream/Hydrocortisone cream (insect bite/itching/rash)		
Antibiotic Ointment (cut/abrasion)			Throat Lozenge (sore throat)		
Topical Anesthetic (burn/abrasion)			Cough drops (cough)		
Antacid/Tums/Pepto Bismol (upset stomach)			Benadryl (allergic reaction)		

I understand that it is my responsibility to notify School Health Office of any changes to my child's health.

(Parent or Guardian Signature)

(Date)



Tolleson Elementary School District

Welcome Center – 9401 W. Garfield • Tolleson, AZ 85353

Registration (623) 533-3980 ♦ Fax (623) 533-3918

Special Education: (623) 533-3923 ♦ Fax (623) 533-3925

Special Education Information

Student Name: _____ Grade: _____

Was your child receiving Special Education services at his/her previous school? Yes, please complete the remainder of this form.

No

Please select the appropriate Special Education category:

- | | | |
|---|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Emotional Disability |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Multiple Disabilities- Severe Sensory Impairment | |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Mild Intellectual Disability | <input type="checkbox"/> Moderate Intellectual Disability |
| <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Severe Intellectual Disability |
| <input type="checkbox"/> Specific Learning Disability | | <input type="checkbox"/> Speech/ Language Impairment |
| <input type="checkbox"/> Traumatic Brain injury | | <input type="checkbox"/> Visual Impairment |

Parent Name: _____

Address: _____

Phone Number: _____ Students Date of Birth: _____

Previous School Attended: _____

Address of School (if Known) _____

School District of Previous School: _____

Phone Number of Previous School: _____

Name of student's last teacher: _____

Do you have a copy of the current IEP?: Yes No

Do you have a copy of the current Psych educational Evaluation? Yes No

If you have copies of the current IEP and Psych educational Evaluation, please provide a copy to the Special Education Services located in the District Office or the Welcome Center. For confidential purposes, please enclose the copies on a manila envelope.

Thank you for your cooperation.



TOLLESON ELEMENTARY STUDENT RESIDENCY QUESTIONNAIRE

(Please assist students and families fill out this form)

Name of School _____

Name of Student _____

Last

First

Middle

Birth Date ____/____/____ Age: ____ Grade: _____ Sex: Male__ Female__

1. Is the student or has the Student ever been under refugee status? Yes____No____

If yes, Country: _____ Effective Date: _____

2. Was student born outside of the U.S.? Yes ____ No ____

If yes, Country: _____

3. Is Student in Foster Care: Yes ____ No ____

This form is intended to address the requirements of the McKinney-Vento Act 42 U.S.C 11435.

The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes ____ No ____

2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes ____ No ____

If you answered YES to the above questions, please complete the remainder of this form.

If you answered No, you may stop here.

Where is the student presently living? *(Please check one box.)*

In a shelter Name/Address _____

With another family or other person because of loss of housing or as a result of economic hardship
(sometimes referred to as “doubled-up”)

How long have you shared residency at the same address with the same people? _____

Do you need to vacate this residence in the next 6 months? _____

In a hotel/motel Name/Address _____

In a place not designed for ordinary sleeping accommodations such as a car, park, bus, campsite, or building
without electricity.

Other temporary living situation (Please describe): _____

In permanent housing

Migrant Survey

Was the primary purpose of the move to obtain (or try to obtain) work that is temporary or seasonal, in agricultural activities including dairy work?

Yes

No

Was agricultural work a primary means of livelihood for the worker and his/her family?

Yes

No

Print Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ 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
- ___ 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 or other identification issued by a recognized Indian tribe that contains an Arizona address.
- ___ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

- ___ 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.



Tolleson Elementary School District **Request For Student Records**

Arizona Desert ELEM.

Desert Oasis ELEM.

P.H. Gonzales ELEM.

Sheely Farms ELEM.

SEND RECORDS TO: T.E.S.D Welcome Center

9401 W Garfield St Tolleson, Arizona 85353

Phone: (623) 533-3980 **Fax: (623) 533-3918**

email: wcoffice@tesd.k12.az.us

Date _____

Name of Previous School *(last school attended)* Address *(last school)* City State Zip Code

Phone# _____

Fax# _____

PARENT AUTHORIZATION FOR RELEASE OF RECORDS

In accordance with Arizona Revised Statute 15-828, I authorize the release of all records, including birth certificate, academic (educational) medical (health), psychological, special education, social developmental, and gifted information, regarding the following pupil:

Students name: _____ Date of Birth _____ Grade _____

Students name: _____ Date of Birth _____ Grade _____

Students name: _____ Date of Birth _____ Grade _____

Students name: _____ Date of Birth _____ Grade _____

Parent/Guardian Signature _____ **Date** _____

Below Office use only:

Please forward the following cumulative information/records for the student(s) named above:

- | | |
|---|---|
| _____ Birth Certificate | _____ <input checked="" type="checkbox"/> Test Scores |
| _____ Immunization Records | _____ <input checked="" type="checkbox"/> English Language Scores (ELL) |
| _____ Withdrawal Form | _____ <input checked="" type="checkbox"/> Discipline Records |
| _____ Report Card | _____ <input checked="" type="checkbox"/> Gifted Records |
| _____ MOWR Status <i>(move on with reading)</i> | _____ <input checked="" type="checkbox"/> All Academic Records |

**Send records to: Fax: (623) 533-3918, Email: wcoffice@tesd.k12.az.us OR
Mail: T.E.S.D Welcome Center 9401 W Garfield St Tolleson, AZ 85353**

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