



PERRY HIGH SCHOOL

1919 E. Queen Creek Rd. Gilbert, AZ 85297

Registrar: 480-224-2824 - FAX 480-224-9197

A parent or legal guardian must accompany all students enrolling.

If you are the legal guardian, you will need to provide one of the following items:

- Current Valid Court Order
- Arizona Court Appointed Guardianship Papers
- Documentation from Superior Court of Arizona showing the pending court date for your Guardianship hearing. Final papers must be provided within a week of the hearing date.

Registration Checklist: Students need the following items in order to enroll:

PROOF OF RESIDENCE – One or more of the following items **MUST be submitted:**

- **Current (within the last 30 days) Utility Bill (Gas, Electric, Water/Trash, Solar or Irrigation)** with name and address. Disconnect notices will not be accepted.
- **Closing Docs or Mortgage Statement**
- **Lease/Rental Agreement** (must be on letterhead of rental company & be signed)
- **Current Payroll Stub with name/address**
- **Current Arizona motor vehicle registration and valid AZ driver's license or AZ ID card**

IMMUNIZATION RECORDS: To comply with Arizona State Law these immunizations are required for school attendance: Tdap - 1 dose is required when 5 years have passed since the last DTaP, DTP, DT or Td. Meningococcal- 1 dose is required. Also these additional requirements: Dtp – 5 doses, Polio – 4, MMR – 2, Hep B-3, Varicella – 1 dose or documentation of history of disease. Document signed by doctor, doctor's office, health provider or former school record with signature will be acceptable.

BIRTH CERTIFICATE (STATE CERTIFIED) – All students must have a Birth Certificate on file. If the birth certificate is lacking upon day of registration, a copy must be submitted **within thirty (30) days.** No student may participate in AIA activities without a birth certificate on record.

UNOFFICIAL TRANSCRIPTS, DISCIPLINE AND ATTENDANCE RECORDS - must be provided

WITHDRAWAL PAPERS – Students need official withdrawal documents. Transfer grades are required if enrolling during the school year. Failure to provide transfer grades may result in a loss of credit. Student must receive credits at the semester for enrollment.

Test Results – (11th & 12th graders) Arizona Civics Exam or Reciprocal State Assessment Test

SPECIAL EDUCATION STUDENTS – Please attach a current copy of **IEP** and current Psychological report.

PERRY REGISTRATION PACKET – All forms required for enrollment:

*CUSD Enrollment Form *Emergency Health/Medical Form *CUSD Family Census Form *Enrollment Routing Slip *Transfer/Athletics Form *ADE Home Language Preference Questionnaire (PHLOTE) *Infinite Campus Portal Form *(Federal Form) – Initial Identification of Family Status Form *ADE Residency Documentation Form *Student Handbook: Student Citizenship Contract: Permission to Publish/Parent Permission for Internet Access/BYOT Agreement/Student Confinement: Parent Notification & Consent

Please be prepared to present these items. If the registrar's office is asked to request that the information be faxed from the previous school, your registration process may be delayed.

Thank you for taking an active role in your student's education.

CHANDLER UNIFIED SCHOOL DISTRICT #80

TODAY'S DATE: _____

STUDENT'S LAST (LEGAL) NAME		STUDENT'S FIRST (LEGAL) NAME		STUDENT'S (LEGAL) MIDDLE NAME		BIRTH DATE: MONTH/DAY/YEAR		GENDER M F		GRADE			
PHYSICAL ADDRESS		STREET NAME		P.O. BX		CITY		STATE		ZIP		HOME PHONE	
N.S.E.W.		APT.		Black, or African American		Asian		American Indian, or Alaska Native		Native Hawaiian, or Other Pacific Islander			

Ethnicity: Is your student Hispanic or Latino? Yes or No

Race: What is the student's race? Choose one or more:
 White Black, or African American Asian American Indian, or Alaska Native Native Hawaiian, or Other Pacific Islander

Birth Place: City _____ State _____
 Country _____

STUDENT INFORMATION REQUIRED:
 What is the primary language used in the home regardless of the language spoken by the student? _____
 What is the language most often spoken by the student? _____
 What is the language that the student first acquired? _____

In total, has the student attended U.S. schools for more than 3 full years?
 (Circle) YES NO
 If NO, date first enrolled in U.S. school: _____ From what country? _____

Has the student lived in the U.S. less than 5 full years?
 (Circle) YES NO
 If YES, date first entered U.S. _____ From what country? _____

Have you or any family member moved in the past 3 years for the purpose of seeking or obtaining temporary or seasonal employment in agriculture or fishing industries?
 (Circle) YES NO
 Has the student been previously enrolled in a migrant child education program?
 (Circle) YES NO

Has the student previously attended/registered in the Chandler Unified School District?
 (Circle) YES NO
 If YES, year attended: _____ School attended: _____

Previous school(s) attended (other than Chandler Unified School District):
Please list most recent.

Name _____ School District _____
 City, State _____ Phone Number: _____

Name _____ School District _____
 City, State _____ Phone Number: _____

SIGNATURE OF PARENT/GUARDIAN _____

FOR OFFICE USE ONLY

School	Student ID#	SAIS #	Teacher	Class of
Entry date	Entry code	Birth certificate	Legal documentation	Date keyed
		Y N	Y N	Y N

CHANDLER UNIFIED SCHOOL DISTRICT FAMILY CENSUS FORM
(Please Complete ONE per family)



PRIMARY Household – (The primary residence of your students)
All student information and mailings will be sent to the primary household.

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Primary Phone: () _____

Primary Parent/Guardian Information – (Parent(s)/Guardian(s) living in primary household with students)

Full Legal Name: (Last, First, Middle)	Full Legal Name: (Last, First, Middle)
Relationship to Student:	Relationship to Student:
Work Phone: ()	Work Phone: ()
Secondary Phone: ()	Secondary Phone: ()
Mailing Address:	Mailing Address:
E-Mail Address:	E-Mail Address:

Please list ALL members of the primary household – (students attending CUSD)

Full Legal Name (Last, First, Middle)	Birthdate (mm/dd/yy)	Gender (Circle)	Relationship (Parent, Step-Parent, Foster Parent, Sister, Brother, Son, Daughter, etc.)	School Attending	Grade	Ethnicity *	Race *
		M F					
		M F					
		M F					
		M F					
		M F					
		M F					

- * Ethnicity: Is your student Hispanic or Latino? Yes or No
- * Race: What is the student's race? Choose one or more: (1) Am Indian or Alaskan Native (2) Asian (3) Black/African American
(4) Native Hawaiian or Other Pacific Islander (5) White

Additional Parent / Guardian Mailing – (Parent/Guardian not living in the primary household with student)
In completing this section, you are giving permission to send student information and mailings to the second parent/guardian.

Additional Parent/Guardian Information – (Parent(s)/Guardian(s) living in additional household with students)

Full Legal Name: (Last, First, Middle)	Full Legal Name: (Last, First, Middle)
Relationship to Student:	Relationship to Student:
Work Phone: ()	Work Phone: ()
Secondary Phone: ()	Secondary Phone: ()
Mailing Address:	Mailing Address:
E-Mail Address:	E-Mail Address:

SIGNATURE OF PARENT/GUARDIAN _____

School
Entry date



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

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

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? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.



**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.

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PERRY HIGH SCHOOL (PHS) ENROLLMENT ROUTING SLIP

To be completed by parent/ guardian:

STUDENT NAME _____

GRADE _____ STUDENT # _____

DATE ENTERED _____

1. Was the student previously enrolled in Special Education classes? YES _____ NO _____

If yes, does the parent have a copy of the current IEP? YES _____ NO _____

(Enrollment will not be completed until a current copy of the IEP is given to the PHS Special Needs Dept.)

2. _____ **HAS NOT** been previously suspended or expelled from any public or private school for an act or offense involving weapons, alcohol or drugs, or the willful infliction or injury to another person or for any act of violence committed on school property or any act that would constitute suspension or expulsion.

3. _____ **HAS** been previously suspended or expelled from any public or private school for an act or offense involving weapons, alcohol or drugs, or the willful infliction or injury to another person or for any act of violence committed on school property or any act that would constitute suspension or expulsion.

Details of the suspension or expulsion are as follows: (Please identify the school district, which issued the suspension or expulsion.)

I/We understand that this Registration Statement shall be maintained as part of my Son's/Daughter's discipline record.

4. Does the student have a 504 on file? YES _____ NO _____
5. For incoming 9th grade only. Has your student been promoted to the 9th grade? _____
6. Is your student interested in participating in Athletics? If so, what sport? _____

PERMANENT PLACEMENT AT PERRY HIGH SCHOOL IS CONTINGENT UPON VERIFICATION OF GRADES, ATTENDANCE AND DISCIPLINE FROM PREVIOUS EDUCATIONAL INSTITUTION.

Providing false information on this form will result in the application being denied or admission being revoked. The parent/guardian signing this application affirms that the student seeking enrollment will abide by the rules and regulations that govern students at PERRY High School. Failure to comply with school and district rules could lead to revocation of enrollment status.

PARENT NAME (Print) _____

PARENT SIGNATURE _____ PHONE # _____

CHANDLER UNIFIED SCHOOL DISTRICT ATHLETICS

**TRANSFER STUDENTS
MUST COMPLETE THIS FORM**

NAME _____ Grade _____

SCHOOL YEAR _____ Date _____

I currently live in the _____ High School attendance area.

I will be attending the high school within the attendance area in which I am domiciled, as designated by the Chandler Unified School District boundaries.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I will not be attending the high school within the attendance area in which I am domiciled, as designated by the Chandler Unified School District boundaries.

If accepted under the Open Enrollment policy, as specified by the Chandler Unified School District guidelines, I am declaring that I will attend the following high school:

_____ High School

Student Signature _____ Date _____

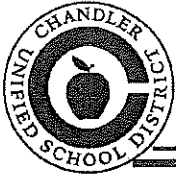
Parent/Guardian Signature _____ Date _____

SCHOOL HISTORY List all schools attended last year (include city and state):

School Name	City /State	Month/Year Attended	Sport Participated In
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date Started 9th Grade Month/Year: _____

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CHANDLER UNIFIED SCHOOL DISTRICT NO. 80

James T. Perry Administration Center • 1525 West Frye Road • Chandler, AZ 85224
(480) 812-7000 • FAX: (480) 224-9128

"Dedicated to Excellence"

Camille Casteel, Ed.D., Superintendent

**Federal Programs
Initial Identification of Family Status**

Student's Legal Last Name: _____ First Name: _____
(As it appears on legal document)

Name/Nickname student goes by: _____

Date of Birth: _____ Last Name _____ First Name _____
School: _____ Phone#: _____

1. Yes No Are you, and/or your spouse currently employed in agriculture or are you looking for Agricultural work (field work, produce packing, dairies, or ranches)?
2. Yes No Have you recently moved with the family from another city, state or country to work in the fields, packing companies, dairies, or ranches?
3. Yes No Are you currently living with a relative or friend due to financial hardship?
4. Yes No Are you living in a shelter, in your car, or in an unstable living situation?
5. Yes No Could your child be eligible to enroll in the Indian Education Program, either Title VII or Johnson O'Malley?

Tribal Affiliation: _____

6. Yes No Is the student a refugee?

Country: _____ I-94 Alien Number: _____ Date Issued: _____

Name of Resettlement Agency: _____

Address: _____ Phone: _____

Name of Resettlement Case Manager: _____ Phone: _____

7. Yes No Was the child **born outside** of the United States?

If yes, what country? _____

8. Yes No If the child was **born outside** of the United States

9. Yes No Are Parents in the Military?

10. Yes No Is the child adopted?

11. Yes No Is child in Foster care - Do you have a Notice to Provider form?

Signature of Parent/Guardian

Date

Please send this form to Diana Moreno, Admin Asst. of Federal Programs, at the Instructional Resource Center.



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Chandler Unified School District #80
1525 West Frye Road Chandler AZ 85224 (480) 812-7000
INFINITE CAMPUS PORTAL
PARENT/GUARDIAN ACCESS REQUEST FORM

The Chandler Unified School District is now offering parents with students in grades Kindergarten through 12th grade the opportunity to sign up for our campus portal. The campus portal is a customized, secure web site that gives our parents and students secure access to the information found in our school management software-including attendance and grades. In order to protect the confidentiality of all student records, all parents/guardians who want to use this service are required to fill out this form and return it to any one of your students' school buildings. You do not need to fill out a separate form for each student. **However, if each parent/guardian wants to each have their own sign in, they will need to fill out a separate form.**

Parents/Guardians are required to adhere to the following guidelines:

1. Parents will not share their passwords.
2. Parents will not attempt to harm or destroy data of their own children, or another user, school or district network, or the Internet.
3. Parents will not use the portal for any illegal activity, including violation of privacy laws.
4. Parents will not access data or any account owned by another parent.
5. Parents who are identified as a security risk will be denied access to Parent Portal.

Please Print

Parent/Guardian Information:
(One per household)

First Name	M. I.	Last Name
Street Address	City	State
Zip	Home Phone	Work Phone
E-mail Address		

Please list all Students		Your Relationship to Student (ex. Mother, Father)	Reside with Student? (Yes or No)	Grade Level
First Name	Last Name			

I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above.

Parent/Guardian Signature: _____ Date: _____
Signature of Parent/Guardian listed above.

Once the information provided above is verified and processed, you will receive your Infinite Campus Activation Key. Upon receiving the Activation Key, you will be able to visit the Campus Portal via the Chandler Unified School District Website at www.cusd80.com and clicking the Infinite Campus Logo.

Office Use Only:

Date Returned _____

Verify E-Mail Activation Key Provided Date Key Provided _____ Initials _____



PERRY HIGH SCHOOL

PRIDE ♦ PROGRESS ♦ PURPOSE

****MUST BE RETURNED DURING PUMA DAYS!!**

✱ Please sign in all spots indicated (front and back) and return to your child's school



Student Name _____

Grade _____ Student ID # _____

PERRY HIGH SCHOOL 2018-2019 STUDENT CITIZENSHIP CONTRACT

_____, a Perry High School student in grade _____, and my parent/guardian, _____, understand and accept the responsibilities outlined in the Perry High School Student Code of Conduct section of the Student Planner. We agree to abide by the Code and fully understand the consequences outlined. We acknowledge having read and understand this **Citizenship Contract** and assure that the student named below will abide by the rules and regulations contained herein.

We understand that we can view the student handbook on the PHS website @ <http://www.cusd80.com/Domain/3255>. We also understand that we can request a hard copy from the administration office.

Student Name (Please Print) _____

✱ Student Signature _____

Parent Name (Please Print) _____

✱ Parent Signature _____

Date _____

PHS 2018-2019 PERMISSION TO PUBLISH

_____, a Perry High School student, my parent/guardian, _____, agree to allow Perry High School to use pictures or likeness of my son and/or daughter in school publications, yearbook, school websites, school advertisement, Facebook, Instagram, Twitter and/or newspaper/TV depicting Perry High School. *If denied, your student WILL NOT appear in the yearbook.

Student Name (Please Print) _____

✱

Student Signature _____

Parent Name (Please Print) _____

✱

Parent Signature _____

Date _____

See reverse side for additional
required documentation 



PERRY HIGH SCHOOL

PRIDE ♦ PROGRESS ♦ PURPOSE

See reverse side for additional required documentation



PARENT PERMISSION FORM FOR INTERNET ACCESS 2018-2019

PART A

Do you give your daughter/son permission to participate in Internet Activities?

✦ Please initial your preference below

Yes

No

(Go to Part B) (Do not go to Part B/Sign Here)

PART B

Student User Agreement and Parent Permission Form

Student: I understand and will abide by the usage rules set forth by the Student Handbook. I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Student Name (Please Print): _____ Grade: _____

User Signature: _____ Date: _____

Parent/Guardian: As the parent/guardian of the above named student, I have read the Student Handbook and understand it. I understand that it is impossible for the school district to restrict access to all controversial materials, and I will not hold the district responsible for materials acquired by use of electronic information services (EIS). I also agree to report any misuse of the EIS to a district administrator. (Misuse may come in many forms, but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement).

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in the school setting. I hereby give my permission to have my child use the electronic information services.

Parent/Guardian Name (Please Print): _____

Signature: ✦ _____ Date: _____

Bring Your Own Technology (BYOT)

Agreement: Parental Notification and Consent (See Page 4 & 5)

I understand and will abide by the above policy and guidelines, in addition to any applicable Governing Board Policies, Administrative Regulations, and State and Federal laws concerning the use of technology. I further understand that any violation may result in the loss of my network and/or BYOT privileges, as well as other disciplinary action, and/or legal action in accordance with law and Board policy.

Student ID No. _____

Student (Print Name) _____

Student Signature ✦ _____

Parent (Print Name) _____

Parent Signature ✦ _____

Date _____

NOTE: To download and keep your own copy of this policy, please visit <http://cusd80.com/BYOT> at any time.

Student Confinement: Parental Notification and Consent (see page 5)

By signing this form, you are acknowledging and verifying that you have read this notification. Please indicate your agreement or disagreement for confinement of your child during the 2018-2019 school year in the event it becomes necessary for disciplinary purposes if your student poses imminent physical harm to him/herself or others. I have read this notification and agree/disagree to the following: **Select one below**

I agree to allow the District to confine my child for disciplinary purposes.

I do not agree to allow the District to confine my child for disciplinary purposes.

Student Name (Please Print) _____

Parent/Guardian Signature ✦ _____ Date _____



Student Name: _____
 Student DOB: _____
 Student Grade: _____
 Student Gender: _____

Household Information (Please Print)

Have Updates? Fill out below with any new information. (ONLY updated Proof of Residence must be submitted with this form)

Parents

Updated Household Phone:
Updated Address:
Updated Address:

Relationship	Legal Name	Email	Phone	Remove
				<input type="checkbox"/>
				<input type="checkbox"/>

Have Updates? Fill out below with any new information.

Full Legal Name: (Last, First, Middle)	Full Legal Name: (Last, First, Middle)
Relationship to Student:	Relationship to Student:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
E-Mail Address:	E-Mail Address:
Gender:	Gender:

Authorized Emergency/Non-Emergency Contacts

I give the person(s) listed below permission to pick up my child in any case of emergency or illness. Anyone listed below must be 18 years of age. Students will not be released to anyone not listed on the emergency card. Anyone else wishing to pick up your child must present written verification from the parent with a copy of the parent's ID and a telephone call to the attendance office.

Relationship	Legal Name	Email	Phone	Remove
				<input type="checkbox"/>
				<input type="checkbox"/>

Have Updates? Fill out below with any new information.

Full Legal Name: (Last, First, Middle)	Full Legal Name: (Last, First, Middle)
Relationship to Student:	Relationship to Student:
Work Phone: ()	Work Phone: ()
Cell Phone: ()	Cell Phone: ()
E-Mail Address:	E-Mail Address:
Gender:	Gender:

(Please see Reverse Side)



Chandler Unified School District
Infinite Campus
Student Emergency Health and Medical History

Student Name: _____
Student DOB: _____
Student Grade: _____
Student Gender: _____

Health Conditions

My child has special health conditions / medical diagnosis.

Yes No

If Yes, please explain: _____

My child has allergies to certain food and/or insects.

Yes No

If Yes, please explain: _____

My child carries their own emergency medication (inhaler/epipen)

Yes No

If Yes, please explain: _____

I hereby request and give my consent for the person designated by the principal to administer Tylenol (non-aspirin) Acetaminophen to my child

Yes No

I agree that in case of serious injury, my child will be taken to the nearest hospital by ambulance if necessary, and emergency care will be provided there until I can be contacted. ANY EXPENSE OR EMERGENCY TRANSPORTATION AND/OR TREATMENT SHALL BE MY SOLE RESPONSIBILITY. I also understand that it is my responsibility to provide the school with any personal or emergency changes that occur during the school year.

Parent Signature: _____ Date: _____

DO NOT RELEASE MY CHILD TO: (Please print clearly)

Please DO NOT RELEASE MY CHILD TO THE PERSON(S) LISTED BELOW:
Please list full names and provide the school with court orders or restrictions orders (unless already on file):

FULL NAME: _____

FULL NAME: _____

Address Release / Residency Affirmation

Do not release address, phone number, and/or e-mail address to parent organizations and/or district-related organizations.

Please choose only one option below.

I affirm that the residency information on this report is current, there are NO changes.

There are changes and I have updated the information.

Parent Signature: _____ Date: _____