

CASTEEL HIGH SCHOOL — REGISTRATION PACKET  
24901 S POWER ROAD  
QUEEN CREEK, AZ 85142  
480.424.8124 Fax 480.224.9407

PARENT REGISTRATION CHECKLIST FOR NEW STUDENTS TO THE DISTRICT.  
STUDENTS CANNOT BE REGISTERED WITHOUT THE FOLLOWING ITEMS:

- PROOF OF RESIDENCE** — One of the following must be submitted before enrollment:
- Current Utility Bill (Gas, Electric, Water) with the name and address of the parent/guardian. Disconnect notices will not be accepted.
  - Title Papers
  - Purchase Contracts
  - Lease/Rental Agreement(must be on a letterhead of the rental company)

- NOTARIZED STATEMENT** (If the student is not living in parent's home)

- IMMUNIZATION RECORDS (See backside of this form for current state requirements)**

To comply with Arizona State Law these immunizations are required for school attendance:

Minimum requirements:

(3) Tetanus, Diphtheria and Pertussis (most recent vaccine must be within the last 5 years)

(3) Polio vaccines

(2) MMR vaccines (first one on or after first birthdate)

(3) Hepatitis B vaccine

(1) Meningococcal vaccine

(1-2\*\*) Varicella (Chicken Pox)\*

\*As of 9/1/11, students from out of state/country will need to show laboratory evidence of immunity or the required immunizations. Immunizations are provided free of charge (with written parental consent). Students registering for the first time in the CUSD will be required to sign a consent form pending the school nurse's review. \*\*Students beginning the vaccine at 13+ years of age need two doses at least four weeks apart to meet the Arizona Immunization Requirements.

- ORIGINAL 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 file.

- UNOFFICIAL TRANSCRIPTS, DISCIPLINE AND ATTENDANCE RECORDS**

- WITHDRAWAL PAPERS** — Students need official withdrawal documents and transfer grades 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.

- AIMS TEST RESULTS:** (10<sup>th</sup> -12<sup>th</sup> graders AZ schools)

- LEGAL GUARDIANSHIP OR CUSTODY PAPERS** — One of the following must be submitted:

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

- SPECIAL EDUCATION STUDENTS**

- Current copy of IEP and current Psychological report

- REGISTRATION PACKET**

- Student Emergency Health and Medical History, • CUSD Family Census Form, • CHS Enrollment Routing Slip, • CUSD80 Form, • PHLOTE Form,
- Transfer Students Form, • Initial Identification of Family Status, and • Infinite Campus Portal Parent/Guardian Access Request Form.

**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*

**CASTEEL HIGH SCHOOL**  
**STUDENT ENROLLMENT ROUTING SLIP**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

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 complete until a current copy of the IEP is evaluated by the CHS Special Education Department.)

2. \_\_\_\_\_ Student **HAS NOT BEEN** previously suspended or expelled from any public or private school for an act of or offense involving weapons, alcohol or drugs, or the willful infliction or injury to another person for any act of violence committed on school property or any act that would constitute suspension or expulsion.
3. \_\_\_\_\_ Student **HAS BEEN** previously suspended or expelled from any public or private school for an act of or offense involving weapons, alcohol or drugs, or the willful infliction or injury to another person for any act of violence committed on school property or any act that would \_\_\_\_\_ constitute suspension or expulsion.
4. Details of the suspension or expulsion are as follows. Please identify the school district and school that issued the suspension or expulsion.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We understand that this registration statement shall be maintained as a part of my son's/daughter's discipline record.

5. Does the student have a 504 on file? Yes \_\_\_\_\_ No \_\_\_\_\_
6. For incoming 9<sup>th</sup> grade only: Has your student been promoted to the 9<sup>th</sup> grade? \_\_\_\_\_  
If so, please include a copy of his or her graduating diploma with your registration packet.
7. Is your student interested in participating in Athletics? If so, which sport? \_\_\_\_\_

**PERMANENT PLACEMENT AT CASTEEL HIGH SCHOOL IS CONTINGENT UPON VERIFICATION OF GRADES, ATTENDANCE AND DISCIPLINE FROM PREVIOUS EDUCATIONAL INSTITUTIONS.**

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 Casteel 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 #80

TODAY'S DATE: \_\_\_\_\_

STUDENT'S LAST (LEGAL) NAME		STUDENT'S FIRST (LEGAL) NAME			STUDENT'S (LEGAL) MIDDLE NAME			BIRTHDATE: MONTH/DAY/YEAR		GENDER M F		GRADE
PHYSICAL ADDRESS	N.S.E.W.	STREET NAME			APT.	P.O. BX	CITY	STATE	ZIP	HOME PHONE		
<b>Ethnicity:</b> Is your student Hispanic or Latino?      Yes      or      No												
<b>Race:</b> 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												
<b>Birth Place:</b> City _____ Country _____						State _____						

<p><b>STUDENT INFORMATION REQUIRED:</b></p> <p>What is the primary language used in the home regardless of the language spoken by the student? _____</p> <p>What is the language most often spoken by the student? _____</p> <p>What is the language that the student first acquired? _____</p> <p>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: _____</p> <p>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? _____</p> <p>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</p> <p>Has the student been previously enrolled in a migrant child education program? (Circle) YES NO</p>	<p>Has the student previously attended/registered in the Chandler Unified School District? (Circle) YES NO If YES, year attended: _____ School attended: _____</p> <p>Previous school(s) attended (other than Chandler Unified School District): <i>Please list most recent.</i></p> <p>Name _____ School District _____</p> <p>City, State _____ Phone Number: _____</p> <p>Name _____ School District _____</p> <p>City, State _____ Phone Number _____</p>
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SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

FOR OFFICE USE ONLY

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



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 \_\_\_\_\_

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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.

## 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



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 12<sup>th</sup> 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 new 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 new 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.** Our goal is to provide activation codes at Elementary Parent-Teacher Conferences on August 28 and 29, 2013.

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](http://www.cusd80.com) and clicking the Infinite Campus Logo.

**Office Use Only:**

Date Returned \_\_\_\_\_

Verify E-Mail     Activation Key Provided    Date Key Provided \_\_\_\_\_ Initials \_\_\_\_\_



Chandler Unified School District #80  
 1525 West Frye Road Chandler AZ 85224 (480) 812-7000  
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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.

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**Office Use Only:**

Date Returned \_\_\_\_\_

Verify E-Mail     Activation Key Provided    Date Key Provided \_\_\_\_\_ Initials \_\_\_\_\_



## Initial Identification of Family Status

Student's Legal Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

(As it appears on legal document)

Name/Nickname student goes by: \_\_\_\_\_

Last Name

First Name

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

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)?

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?

Yes  No Are you currently living with a relative or friend due to financial hardship?

Yes  No Are you living in a shelter, in your car, or in an unstable living situation?

Yes  No Could the student be eligible to enroll in the Indian Education Program, either Title VII or Johnson O'Malley?

Tribal Affiliation: \_\_\_\_\_

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: \_\_\_\_\_

Previous School (Home country or U.S. if applicable): \_\_\_\_\_

Has your child received a high school diploma from your home country? If so, when? \_\_\_\_\_

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

If yes, what country? \_\_\_\_\_

Yes  No If so, are parents in the U.S. Military?

Yes  No If the child is adopted, are the parents U.S. citizens?

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**\*If sections of this form are marked "Yes", place original in student PI file, scan a copy, and email to Diana Moreno or Mike Henderson, Federal Programs Department, IRC. For questions, please contact Diana at (480) 224-3771.**





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)*

Updated Household Phone:
Updated Address:
Updated Address:

Relationship	Legal Name	Email	Phone	Remove
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**Have Updates? Fill out below with any new information.**

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

Full Legal Name: (Last, First, Middle)
Relationship to Student:
Work Phone:
Cell Phone:
E-Mail Address:
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
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**Have Updates? Fill out below with any new information.**

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

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

(Please see Reverse Side)



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: \_\_\_\_\_