

Santan Junior High School

1550 E. Chandler Heights Road | Chandler, AZ 85249

Phone: (480) 883-4600 | Fax: (480) 224-9264

www.cusd80.com/sjhs

REGISTRATION PACKET

SERVING GRADES 7-8

Please return the completed registration packet to:
Santan Junior High

For questions, please contact our Registrar:

Donna Schreyer

Phone: (480) 883-4631

Email: schreyer.donna@cusd80.com



Home of the Santan Storm

www.cusd80.com/sjhsregistration

REGISTRATION CHECKLIST – SANTAN JUNIOR HIGH

Name: _____

Current Grade: ____ Date: ____/____/____

- PROOF OF RESIDENCE** – One of the following **must** be submitted:
 - Current Utility Bill (Gas, Electric, Water) with name and address. Disconnect notices will not be accepted.
 - Title Papers (Property Deed)
 - Purchase Contract
 - Lease/Rental Agreement (must be on letterhead of rental company)
 - Residency Affidavit
 - Valid AZ driver's license or AZ Identification Card
 - Valid AZ Motor Vehicle Registration
 - Valid United States Passport
 - Valid AZ Address Confidentiality Program Authorization Card
 - Mortgage Documents
 - Property Tax Bill
 - Bank or Credit Card Statement
 - W-2 Wage Statement
 - Payroll Stub
 - Certification of Tribal Enrollment or other identification issued by a recognized Indian tribe
 - Other documentation from a state, tribal, or federal agency (Social Security Administration, Veteran's Administration, AZ Department of Economic Security, etc.)
- IMMUNIZATION RECORDS**
 - To comply with Arizona State Immunization Law, specific immunizations are required in order for your child to attend school. Please visit the CUSD Health Immunizations Policy page at <http://www.cusd80.com/Page/458> for specific details.
 - Only documents signed by physician, physicians' office, healthcare 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**
- 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.
- LEGAL GUARDIANSHIP OR LEGAL CUSTODY PAPERS** – One of the following must be submitted:
 - Custody Paper
 - 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.
- SPECIAL EDUCATION STUDENTS**
 - Current copy of IEP and current psychological report
- REGISTRATION PACKET, including**
 - Enrollment form
 - PHLOTE Survey
 - Family Census Form
 - Initial Identification of Family Status form
 - Request for Transcript & Student Records

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 processed may be delayed.



CHANDLER UNIFIED SCHOOL DISTRICT #80
STUDENT REGISTRATION FORM

TODAY'S DATE: _____

STUDENT'S (LEGAL) LAST NAME		STUDENT'S (LEGAL) FIRST 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. BOX	CITY		STATE	ZIP	HOME PHONE

Ethnicity: Is your student Hispanic or Latino? Yes 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:

<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? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If NO, date first enrolled in U.S. school: _____</p> <p>Has the student lived in the U.S. less than 5 full years? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>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 industry? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Has the student been previously enrolled in a migrant child education program? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Has the student previously attended/registered in the Chandler Unified School District? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, year attended: _____ School attended: _____</p> <p>Previous school(s) attended (other than Chandler Unified School District): <i>Please list most recent first.</i></p> <p>School Name: _____ School District: _____</p> <p>City, State: _____ Phone #: _____</p> <p>School Name: _____ School District: _____</p> <p>City, State: _____ Phone #: _____</p>
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SIGNATURE OF PARENT/GUARDIAN _____

FOR OFFICE USE ONLY		FOR OFFICE USE ONLY			FOR OFFICE USE ONLY		
School	Student ID#	State ID#	Teacher	Class of			
Entry Date	Entry code	Birth Certificate	Legal Documentation	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 are required and 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.



CHANDLER UNIFIED SCHOOL DISTRICT NO. 80

James T. Perry Administration Center • 1525 West Frye Road • Chandler, Arizona 85224
(480) 812-7000 • FAX: (480) 812-7015

"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: _____

Last Name

First Name

Date of Birth: _____ School: _____ Phone#: _____

- 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 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 Are Parents in the Military?

9. Yes No Is the child adopted?

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

Signature of Parent/Guardian

Date

Office Use Only: Send this form to Diana Moreno, Admin Asst. of Federal Programs, at the Instructional Resource Center.



CHANDLER UNIFIED SCHOOL DISTRICT NO. 80.
ARIZONA DEPARTMENT OF EDUCATION
ARIZONA RESIDENCY DOCUMENTATION FORM

Student: _____ School: _____

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
A public school shall accept the substitute address as the address of record and shall verify student enrollment eligibility through the secretary of state. The secretary of state shall facilitate the transfer of student records from one school to another.
- Real estate deed or mortgage documents
- Property tax bill
- Residential lease or rental agreement (including Section 8 agreement or off-base military housing)
- 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, Veterans' 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.



CHANDLER UNIFIED SCHOOL DISTRICT NO. 80.
ARIZONA DEPARTMENT OF EDUCATION
AFFIDAVIT OF SHARED RESIDENCE FORM

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
A public school shall accept the substitute address as the address of record and shall verify student enrollment eligibility through the secretary of state. The secretary of state shall facilitate the transfer of student records from one school to another.
- Real estate deed or mortgage documents
- Property tax bill
- Residential lease or rental agreement (including Section 8 agreement or off-base military housing)
- 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, Veterans' 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.

Printed Name of Affiant

Signature of Affiant

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this ____ day of _____, 20 __, By _____.

My Commission Expires

Notary Public



Chandler Unified School District #80

Acknowledgment Regarding Immunizations

Dear Parent/Guardian:

Per board policy JLCB, all students must have proof of adequate immunizations, a state immunization exemption form, or confirmation in writing from your child's licensed health care provider, stating a plan of immunizations.

All immunization records upon enrollment must be reviewed by the Health Services Department to ensure all state requirements are met. If it is discovered at any time the records are incomplete, you will be notified and given five (5) days to provide the required or missing documentation. If the required documentation is not received within five (5) days of notification from the enrolled school's health office your child may be medically suspended from school. This means the student is removed from school and cannot participate in school activities until adequate documentation is provided.

Your child may return to school once the required documents are provided to the enrolled school. Please contact your school's health office if you have any questions.

By signing this, you understand that Health Services must review all immunization records and that your child may be medically suspended for failure to provide adequate documentation.

Thank you,

Lyndsay Hartley, BSN, RN
Health Services Coordinator
Chandler Unified School District

Students Name: _____

Parent/Guardian: _____

PRINT

SIGN

Date: _____

Santan Junior High School
 1550 E. Chandler Heights Road
 Chandler, AZ 85249
 Phone: (480) 883-4600 Fax: (480) 224-9264
 Email: schreyer.donna@cusd80.com

Request for Transcript and Student Records

From (Name of School): _____

Phone Number: _____ **Fax Number:** _____

This certifies that the student(s) named below have enrolled at Santan Junior High School for the 20__ - 20__ school year. Please send the following information to the attention of Donna Schreyer, Registrar

Student Name	Date of Birth	Current Grade	Date Enrolled at Santan JHS
	___/___/___		___/___/___
	___/___/___		___/___/___

Please include the following information:

- Immunization Record
- IEP/Psychological Records
- 504 Plan
- Birth Certificate
- Withdrawal Grades and Date of Withdrawal
- SAIS # (Arizona Students only)
- Standardized Test Data
- AZ Merit and AIMS Test Results (Arizona only)
- Legal Guardianship or Custody Papers
- Discipline Records
- Attendance Records
- Most Current Report Card

Please send copies only.

Do not send original cumulative file.

**PLEASE FORWARD TO NEXT SCHOOL
IF RECORDS HAVE MOVED ON.**

The Federal Law 99.31 allows for education records to be sent to other educational agencies without the parent's signature requirement.

Law 815-828 Notwithstanding any financial debt owed by pupil, and school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within 5 school days after receipt of the request.

Thank you,

Donna Schreyer, Registrar
 (480) 883-4631 phone (480) 224-9024 fax
schreyer.donna@cusd80.com

___ First Request

___ Second Request

___ Third Request