



Enrollment Application

HAPPY VALLEY SCHOOL
7140 West Happy Valley Road
Peoria, Arizona 85383
(623) 376-2900 - Fax (623) 376-9030

★ Character ★ Leadership ☆ Academic Success

For Office Use Only

- Proof of Age & Identity for Student
- Immunization/Exemption
- Legal Documents
- Special Ed (IEP)

Start Date _____
Student AZ ID #: _____

A completed enrollment packet, with other required forms and documents, must be submitted within 10 days to finalize your student's enrollment. Returning families have priority for class placement.

Grade Level Applying For:

NEW STUDENT INFORMATION – School Year 2020-2021				
Last Name:		First Name:		Middle Name:
				Gender: Male Female
Home Phone w/Area Code:		Date of Birth:	Place of Birth:	
PARENT/GUARDIAN INFORMATION				
NAME of Mother: (Contact Priority #1)			NAME of Father: (Contact Priority #2)	
Mother	Step	Guardian	Foster	Father Step Guardian Foster
<i>Please check one below</i>			<i>Please check one below</i>	
Lives with (primary residence of student)		Has legal custody*		
Address :			Address:	
City/State/Zip:			City/State/Zip:	
Employer:			Employer:	
Primary Phone:		Work Phone:		Primary Phone: Work Phone:
Cell/Text Phone:			Cell/Text Phone:	
Email:			Email:	
* Official court documents must be submitted to the school in cases of divorce, separation, custody or other legal issues.				
IN CASE OF EMERGENCY CONTACT INFORMATION (minimum of 2 contacts required; cannot be parent or guardian)				
First Name:	Last Name:	Phone #:	Relationship:	Ok to Pick Up: Yes No
First Name:	Last Name:	Phone #:	Relationship:	Ok to Pick Up: Yes No
First Name:	Last Name:	Phone #:	Relationship:	Ok to Pick Up: Yes No
If you are unable to reach me in an emergency, I give permission for my child to be transported to the nearest hospital by ambulance. I further realize that I am responsible financially for the payment of all ambulance and hospital charges. Students who become ill or have an emergency at school must be picked up within a half hour of parent/emergency contact being notified.				
Military Connected Student (Please check the box that applies to you)				
Student is a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard.				
Student is a dependent of a full time member of the National Guard, or Reserve force of the United States military (Army, Navy, Air Force, Marine Corps).				
Student is a dependent of a member of the National Guard, or Reserve force of the United States military (Army, Navy, Air Force, Marine Corps).				
None of the above.				
ETHNIC GROUP (Requested by the Arizona Department of Education)				
White:	Hispanic:	Black or African American:	Asian:	American Indian or Alaska Native:
				Tribe Name:
Native Hawaiian or Other Pacific Islander:				
I agree to abide by the policies of the school published in the Parent Handbook and other official materials, and will support school policies and rules in guiding my student. I certify by my signature that all statements in this packet are true and complete to the best of my knowledge.				
Parent/Guardian Printed Name:		Signature:		Date:



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SPECIAL EDUCATION PROGRAM INFORMATION (Must be completed)

Student Name (Last, First, Middle):

Birth Date:

Does your child have a **CURRENT**, previous, in the process of, OR an outside evaluation for an Individualized Education Plan (I.E.P.)? All documents must be provided at the time of enrollment.

You **MUST** mark either “Yes” or “No.” Yes No

Is your child currently on a 504 Plan? Yes No

If YES is the answer to either of the above questions, the current IEP or 504 Plan and any other related details must be provided at the time of enrollment.

The Individual Education Plan (IEP) or 504 Plan that is applicable to my child includes the following:
(Please check all that apply)

- Autism (A)
- Emotional Disability (ED)
- Hearing Impairment (HI)
- Mild/Moderate/Severe Mental Retardation (MIMR – MOMR - SMR)
- Multiple Disabilities (MD) Please state: _____
- Multiple Disabilities with Severe Sensory Impairment (MDSSI)
- Occupational Therapy (OT)
- Orthopedic Impairment (OI)
- Other Health Impairment (OHI) Please state: _____
- Developmental Disabilities (DD)
- Speech/Language Impairment (SLI)
- Specific Learning Disabled (SLD) [Please check all that apply: Math Reading Written Language]
- Traumatic Brain Injury (TBI)
- Visual Impairment (VI)

Please elaborate with any information that would be helpful for placement:

*Your signature below is to verify accuracy of the information above, not to authorize testing or to place your child in Special Education.

Parent/Guardian Signature:

Date:



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STUDENT RECORDS TRANSMITTAL REQUEST

Student Name (Last, First, Middle):	Birth Date:
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PREVIOUS SCHOOL

Previous School Attended:	Previous School FAX #:
Previous School District:	Last Grade Completed:
Previous School Address:	Last Day of Attendance:
City/State/Zip:	Happy Valley School Start Date:

I hereby authorize the above referenced school and district to release the following records to Happy Valley School. All psychological/confidential data will be maintained as such. It will not be transferred to any person or agency without parental permission or legal requirement.

- Regular Educational Cumulative Files
- Permanent Record Card
- Legal Records
- Arizona Home Language Survey (PHLOTE)
- Social Services
- Special Education Records/504 Plans
- Psychological Records
- Health/Medical Records
- Gifted Education Records

Parent/Guardian Signature:	Date:
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Confidential Health History School Year 2020-2021

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Student Last Name:	First Name:	Middle:	Grade Level Entering:
Address:	City:	Zip:	Date of Birth:

Please check all that apply, enter information regarding any health issues that needs to be discussed with the school nurse and your child's teacher, and indicate if your child is under a physician's care.

VISION/HEARING/SPEECH					
Wears Glasses:	Yes	No	Date of Last Eye Exam:	Describe Any Speech Related Problems:	
Wears Contacts:	Yes	No	Other Eye Problem:		
For Distance:	Yes	No	Hearing Loss: Yes No		
For Reading:	Yes	No	Hearing Aid: Yes No		
Color Blind:	Yes	No			

ALLERGIES					
Environmental:	Yes	No	Medication:	Yes	No
List:			List:		
Food:	Yes	No	Insect Stings:	Yes	No
List:			List:		
			Other:	Yes	No
			List:		
			Epipen:	Yes	No

STUDENT HEALTH HISTORY					
ADD:	Yes	No	Emotional/Psychological Concerns:	Yes	No
ADHD:	Yes	No	Describe:		
Anemia:	Yes	No	Head Injury/Concussion:	Yes	No
Asthma:	Yes	No	Heart Condition:	Yes	No
Inhaler at School:	Yes	No	Describe:		
SVN Treatment at School:	Yes	No	Hemophilia:	Yes	No
Bronchitis:	Yes	No	Hepatitis or Liver Problem:	Yes	No
Pneumonia:	Yes	No	Hernia:	Yes	No
Other Respiratory Problems:	Yes	No	High Blood Pressure:	Yes	No
Describe:			Juvenile Arthritis:	Yes	No
Blood Disorder:	Yes	No	Neurological Condition:	Yes	No
Describe:			Describe:		
Cancer:	Yes	No	Neuromuscular Condition:	Yes	No
Type:			Describe:		
Chicken Pox:	Yes	No	Nosebleeds:	Yes	No
Cystic Fibrosis:	Yes	No	Frequency:		
Diabetes:	Yes	No	Scoliosis:	Yes	No
Glucose Monitoring:	Yes	No	Seizure Disorder:	Yes	No
Ear Infections:	Yes	No	Describe:		
Ear Tubes:	Yes	No	Sickle Cell Anemia:	Yes	No
Eczeama:	Yes	No	Strep:	Yes	No
Psoriasis:	Yes	No	Urinary/Bladder/Kidney Condition:	Yes	No
Other Skin Conditions:	Yes	No	Describe:		



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Confidential Health History School Year 2020/2021

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DOB: _____

STUDENT HEALTH HISTORY (continued):
Any Dietary Restrictions:
Please List Surgeries/Hospitalizations and Dates:
List All Medications Your Child Is Taking:
Will Medications Be Taken At School? Yes No
Medication Is For?
OTHER HEALTH PROBLEMS:

- ✓ *All medications must be brought to school by an adult in the original prescription container with dosages and instructions, physician's name and telephone number, expiration date, etc.*
- ✓ *A parent-signed consent form for administration of medication at school must be on file with the nurse.*
- ✓ *Students may not have medications of any kind in their possession at school at any time.*

Are your child's immunizations up-to-date? Yes No

Immunizations must be current by August 31st or the first day of school attendance. Please see the list of required immunizations and schedule on the Maricopa County Department of Public Health website or call (602) 263-8856 for requirements and free clinic hours.

I certify that the information above and all health-related information is correct, current and complete.

Print Name: _____

Parent Signature: _____

Date: _____



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Release of Student Information

If you have more than one student registered in Happy Valley School you will need to complete this form for each student.

Information for School-Sponsored Purposes:

The school may want to use student information for the following school-sponsored purposes: yearbook, school newsletter, school webpage, art work, special programs, marquee, social media (i.e. Facebook) and other announcements.

Yes, I do give consent for Happy Valley School to use my son/daughter's name, image or likeness for the above-mentioned items.

No, I do not give consent for Happy Valley School to use my son/daughter's name, image or likeness for the above-mentioned items.

Print Name: _____

Signature: _____

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 _____ AzEDS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter **HAPPY VALLEY SCHOOL**
School **Happy Valley School**

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas



Arizona Department of Education Arizona Residency Documentation Form

Student: _____ School: Happy Valley School

School District or Charter Holder: Happy Valley 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 ONE 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.

Proof of Age and Identity for Students

Birth Certificate and Exception A.R.S. 15-828

A. On enrollment of a pupil for the first time in a particular school district or private school offering instruction to pupils in any kindergarten programs or grades one through twelve, that school or school district shall notify the person enrolling the pupil in writing that within thirty days the person must provide one of the following:

1. A certified copy of the pupil's birth certificate.
2. Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

B. If a child is instructed at home pursuant to section 15-802, the person who has custody of the child shall, within thirty days after the home instruction begins, provide to the county school superintendent of the county in which the child resides one of the following:

1. A certified copy of the child's birth certificate.
2. Other reliable proof of the child's identity and age, including the child's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

C. On presentation of a document pursuant to this section, a photocopy of the document shall be placed in the pupil's file and the document that is presented shall be returned.

Birth Certificate and Exception A.R.S. 15-828, Continued

D. A pupil shall be enrolled in the school or school district, or the county school superintendent shall record the pupil's name, using the name that is printed on the birth certificate, other reliable proof of the pupil's identity, or letter from an agency having custody of the pupil provided pursuant to this section. This subsection does not prohibit a school or school district from calling a pupil by any name the pupil's parent or guardian wishes the pupil to be called.

E. On the failure of a person enrolling a pupil or instructing a child at home to comply with subsection A or B of this section, the school, school district or county school superintendent shall notify that person in writing that, unless the person complies within ten days, the case shall be referred to the local law enforcement agency for investigation. If compliance is not obtained within the ten day period, the school, school district or county school superintendent shall refer the case to the local law enforcement agency.

F. The school, school district or county school superintendent shall immediately report to the local law enforcement agency any affidavit received pursuant to this section which appears inaccurate or suspicious in form or content.

G. Within five school days after enrolling a transfer pupil from a private school or another school district, a school shall request directly from the pupil's previous school a certified copy of the pupil's record. The requesting school shall exercise due diligence in obtaining the copy of the record requested. Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request unless the record has been flagged pursuant to section 15-829. If the record has been flagged, the requested school shall not forward the copy and shall notify the local law enforcement agency of the request. School districts shall include in the educational records required by this subsection data collected pursuant to sections 15-741 and 15-766, as prescribed by the state board of education.