



# Pomerene School District #64

*Educating the Whole Child*

1396 N. Old Pomerene Rd.  
PO Box 7 Pomerene, AZ  
Tel: 520-586-2407  
Fax: 520-586-7724

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## NEW ENROLLMENT CHECKLIST

**\*\*Must receive all documents to be considered a complete application:**

- Application Packet
- Proof of Residency (Document of Physical Address)
- Birth Certificate
- Immunizations Records (If your child has received all immunizations in Arizona, the office can look them up).
- Any Legal Court Documents the School May Need



# Registration Form 2022-2023

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Student Name \_\_\_\_\_  
Legal Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Current Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone Number \_\_\_\_\_

District of Residence  Benson  Pomerene  St. David  Vail  Cochise  Tombstone  Other \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_ Gender  Male  Female

Is either natural parent of the student Active-Duty Military?  NO  YES

Ethnicity: Is the student Hispanic or Latino?  NO  YES

Race: (Select all that apply)

White  Black or African American  Asian  Native Hawaiian/ Other Pacific Islander  American Indian or Alaska Native  
American Indian (1/4 or more Indian Blood)  NO  YES

Reporting Ethnicity: (Check only ONE)

White (Not Hispanic)  Hispanic or Latino  Black or African American  Asian or Pacific Islander  American Indian

Student resides with  Natural Father  Natural Mother  Step Parent  Guardian  Grandparents  Other \_\_\_\_\_

Mother/Legal Guardian \_\_\_\_\_ Father/Legal Guardian \_\_\_\_\_

Is there a non-custodial parent?  NO  YES Name: \_\_\_\_\_

Date first enrolled in a US school \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Last School Attended \_\_\_\_\_ Last School Address \_\_\_\_\_

Has the student received any of these educational services? (Select all that apply)

Special Education  Speech/Hearing  Gifted  English Language Learner  Self Contained  OT/PT

Has this student been long-term suspended/expelled from any school or district?  NO  YES

Is this student being considered for expulsion or a long-term suspension?  NO  YES

What language do people speak in the home most of the time? \_\_\_\_\_

What language does the student speak most of the time? \_\_\_\_\_

What language did the student first speak or understand? \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND THAT I AM THE PARENT/LEGAL GUARDIAN OF THIS STUDENT.

SIGNATURE

DATE

RELATIONSHIP TO STUDENT

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Date of entry \_\_\_\_\_ Entry Code \_\_\_\_\_ Grade Level \_\_\_\_\_ SAIS # \_\_\_\_\_

Student ID # \_\_\_\_\_ Date entered in PowerSchool \_\_\_\_\_ Registrars Initials \_\_\_\_\_

**POMERENE SCHOOL STUDENT EMERGENCY FORM**

**STUDENT INFORMATION**

Last Name		First Name		Middle Initial	
Primary Phone		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birthday	
Gender					
Physical Address			City	State	Zip
Mailing Address			City	State	Zip
Grade	Email (Student)		Cell Phone (Student)		

Who does the student reside with (primary residence)? What is the relationship to the student?

*(e.g., John & Mary Doe - natural parents, Jim Smith & Jane Clark - father & step mother.. etc.)*

Do the student's natural parents live in separate households?  YES  NO

Does the second household wish to receive school information via mail?  YES  NO

If yes, send to: \_\_\_\_\_

Mailing Address	City	State	Zip
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Is there a non-custodial parent?  YES  NO

Non-custodial Parent Name \_\_\_\_\_

**ANNUAL HEALTH UPDATE**

Has your child's health changed in the last 12 months?  YES  NO

Has your child received immunizations in the last 12 months?  YES  NO

Does your child take medication on regular basis?  YES  NO

*\*\*\*If you answered YES to any of the questions above, please attach documentation\*\*\**

Permission to give (Check the box for the medication that may be given to your child)

Tylenol     Ibuprofen     Benadryl

May your child see an audiologist on campus if needed?  YES  NO

**CONSENT FOR EMERGENCY TREATMENT**

In the event that parents/guardians cannot be reached, we are asking you to indicate below whether you grant consent for Pomerene School to obtain emergency care for your child in your absence. As the parent/guardian of the above named student, I hereby grant permission for Pomerene School to obtain emergency treatment as necessary.

YES  NO

**Transportation to and from School**

Student will ride the bus  YES  NO

If yes  Morning  Afternoon

**FIELD TRIP PERMISSION**

As the parent/guardian of the above named student, I hereby grant permission for my child to go to school-sponsored events such as field trips, walking tours...etc., during the school year. I understand that I may revoke this permission at any time, at my discretion. I will give notice as such to the school. It will be my child's responsibility to bring home any notices of trips from the teacher/school.

YES  NO

**SIBLINGS ATTENDING POMERENE SCHOOL** (Name & Grade)

I certify that the information on this card is correct:

**MOTHER/GUARDIAN**

Name
Home #
Cell #
Employer
Work #
Email

**FATHER/GUARDIAN**

Name
Home #
Cell #
Employer
Work #
Email

**CARE PROVIDER (if applicable)**

Name
Home #
Cell #
Address

**EMERGENCY CONTACTS**

Name
Home #
Cell #

Relationship to Student

Name
Home #
Cell #

Relationship to Student

Name
Home #
Cell #

Relationship to Student

Parent/Guardian Signature

Date



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Student Name \_\_\_\_\_  
Legal Last Name First Name Middle Name

- Check here if your child **DOES NOT** have any health issues (sign & date at bottom).
- If your child has health concerns, please check all current health conditions below and fill in any blanks if applicable. Parent/guardian is responsible for notifying the school of new or existing health concerns and for providing the school with any medication or equipment that the student will require during the day. Check with the office to obtain the correct procedural forms. \*Life-threatening conditions such as anaphylaxis, asthma, diabetes, or other conditions require individual health care plans/action plans, medication permits, and staff training prior to the first day of school. Please contact the school office to discuss your child's needs.

**ALLERGIES** (\*requires an Allergy Action Plan if intervention is needed and a medication permit if medication will be used).

Food:  Bee/Insect:  Medication:  Other:

**School Treatment:**  EpiPen will be kept in the office  My child will carry EpiPen & has been instructed on usage  Other:

**ASTHMA** (\*requires an Asthma Action Plan if intervention is needed and a medication permit if medication will be used).

**Triggers:**  Exercise  Environmental  Other:

**School Treatment:**  Inhaler will be kept in the office  My child will carry inhaler & has been instructed on usage  Other:

**DIABETES** (\*requires a Diabetes Care Plan for all students with Type 1 Diabetes).

\*Type1 (takes insulin)  Insulin Pump  Pen  Syringe  Type2 (diet/exercise/medication controlled)

**EMOTIONAL/BEHAVIORAL/PSYCHOLOGICAL/DEVELOPMENTAL**

ADD  ADHD  Anxiety  Asperger's  Autism  
 Bipolar  Depression  Developmental Delay  Mood Disorder  OCD  
 ODD  PTSD  Schizophrenia  Other:

**HEARING/VISION**

Glasses/Contacts  Hearing aid  Known Hearing Loss (Explain):  Other Vision Issues

**MOBILITY/ACTIVITY**

Activity restriction (Explain):  My Child uses an assistive device (Device):

**SEIZURES** (\*requires a Seizure Action Plan and a medication permit if medication will be used)

Type of seizure: \_\_\_\_\_ Date of Last Seizure: \_\_\_\_\_

**OTHER MEDICAL ISSUES:**

Bleeding Disorder Birth defect/disorder Cancer Cerebral Palsy Concussion (date): Endocrine  
 Gastrointestinal/Bladder Skin Condition Heart Condition Hypertension Migraines Other:

**MEDICATION:**

Medication taken at home: \_\_\_\_\_ Medication taken at school (\*Permit required): \_\_\_\_\_

\*\*\*Information provided on this form will replace and/or update any previous health information received. It is the parent/guardian's responsibility to notify the office if any changes occur in their child's health status.

Parent/Guardian Name (Printed): \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Pomerene School District is a welcoming school community whose mission is to provide an engaging and safe learning environment, emphasizing quality education and traditional values that prepare students to seize opportunities for success.*

Visit us at: [www.pomereneschool.org](http://www.pomereneschool.org)



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## CHECK OUT AND RELEASE OF REPORTS AND RECORDS

NAME OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

PREVIOUS SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

We, the legal parents/guardians of the above named student, do hereby give our consent to release the information indicated:

- \_\_\_\_\_ Health Records
- \_\_\_\_\_ Official School Records
- \_\_\_\_\_ Special Education Records
- \_\_\_\_\_ Psychological Records
- \_\_\_\_\_ Other (specify)

The person or agency to which this record/information is released is expressly prohibited from in turn releasing information regarding the above named student without consent of the legal parent/guardian, unless the agency is a school in which the student will enroll.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

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## Transportation Form (Only Required if transportation is needed)

### Guidelines for Student Behavior on District Bus Routes

1. All individuals riding a school bus are under the direct authority and supervision of the bus driver.
2. No one, at any time, may distract or in any way cause the driver to divert his/her attention away from his/her responsibility or driving with all due care.
3. Regulations and safety rules require that all passengers be seated and faced forward while the school bus is in motion. The bus driver has the authority to assign seats.
4. A written request or phone call from the parent is required for a student who is not a regular passenger on a bus route to ride on that route or for a student to get off the bus somewhere other than his/her regular bus stop.

### SPECIFIC

1. No eating, drinking or chewing gum while on the bus.
2. Keep voices at a low level.
3. Throwing items out the window or on the bus is prohibited.
4. No destruction or defacing of school property.
5. No malicious behavior.
6. Live animals must be bottled or in a cage and prearranged authorization must be made through the office before transporting on a school bus.
7. All games and dangerous activities are prohibited.
8. No shoving or pushing while on the bus or standing in line waiting to get on or off the bus.
9. No fighting while on the bus or standing in line waiting to get on or off the bus.
10. Never stick hands, arms, or any other part of the body out of windows or doors.
11. If for some reason you must cross the street, cross in front of the bus and look in both directions before stepping from in front of the bus.

### SUSPENSION OF SCHOOL BUS SERVICE

Bus riding is a privilege – not a right. Arizona law gives the driver complete authority to maintain safe transportation. When school bus rules are consistently violated and cause danger to the students or drivers, the school authorities will take action to remedy the situation.

STUDENT NAME (S): \_\_\_\_\_

Pick-up Address: \_\_\_\_\_

Drop-off Address: \_\_\_\_\_

Morning & Afternoon

Morning Only

Afternoon Only

**\*\*\*Our bus driver picks-up & drops-off in Benson & Pomerene Only**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## MCKINNEY-VENTO QUESTIONNAIRE

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this questionnaire help determine the services a student may be eligible to receive. Eligibility must be reviewed and reevaluated every school year.

### RESIDENCY INFORMATION:

1. Is your current address a temporary living arrangement?

\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Is this temporary living arrangement due to loss of housing or hardship?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes to questions 1 & 2, please check the appropriate answer for question 3. If you answered "no" to either question 1 or question 2, please skip question 3.

3. Where is the student presently living? (check one)

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Motel/hotel  | <input type="checkbox"/> With more than one family in a house/apartment  |
| <input type="checkbox"/> Shelter      | <input type="checkbox"/> In a place not designed for ordinary sleeping accommodations: such as a car, park or campsite |
| <input type="checkbox"/> Group Home   |  |
| <input type="checkbox"/> Other: _____ |  |

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

Date \_\_\_\_\_

\*\*\*\*\*

### FOR SCHOOL PERSONNEL USE ONLY

Student **does not** qualify \_\_\_\_\_

Student **does** qualify \_\_\_\_\_

Student ID# \_\_\_\_\_ SAIS # \_\_\_\_\_ Entered into PS on \_\_\_\_\_ By (initials) \_\_\_\_\_

I certify the above-named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison: \_\_\_\_\_

Date: \_\_\_\_\_

Food Service Personnel: \_\_\_\_\_

Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_



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**Student Network/Internet  
Acceptable Use Policy 2022-2023**

The Pomerene School District's Network(s) provide access to network(s)/Internet services for educational purposes. The Internet is an information highway connecting thousands of computers all over the world. I understand that I will have access to the Internet and with this access comes the availability of some material that may not be considered to be of educational value within the context of the school setting.

Efforts will be made to direct students to educationally related material. However, on a telecommunications network(s) it is impossible to control all materials and sites. I believe that the valuable information and interaction available on the network(s)/Internet services far outweigh the possibility of users gaining access to sites that are not acceptable.

I understand that if I violate these guidelines established by the Pomerene School Board, I will have my access to the network(s) services denied and terminated. My signature indicates that I have read the Acceptable Use Policy of the Pomerene School District and that I understand the significance of the terms and conditions of the Policy.

Student Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_

**Parent or Guardian Network/Internet Contract  
Acceptable Use Policy**

As the parent or guardian of \_\_\_\_\_, I have read the Terms and Conditions of the Pomerene School District's Acceptable Use Policy. I understand that this access is designed for educational purposes. I understand that some materials on telecommunications network may be objectionable, but I accept responsibility for guidance of network use – setting and conveying standards for my daughter or son to follow when selecting, sharing, or exploring information and media.

I understand that this permission will be in effect for the duration of my student's education experience at this school. As the parents or legal guardian of the minor student signing above, I grant permission for my son or daughter to access networked telecommunication services.

Parent/Guardian Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

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

**\*The Acceptable Use Policy of the Pomerene School District can be found on our school website at [Pomereneschool.org](http://Pomereneschool.org)  
Hard copies are available upon request.**





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## PICTURE PERMISSION FORM

2022-2023

During the course of the school year photographs of your child will be taken.  
We are asking for your permission to publish your child's picture in:

School/Teacher Newsletter	Yes _____	No _____
Facebook Pictures	Yes _____	No _____
Local Newspapers	Yes _____	No _____
District Website	Yes _____	No _____
School Yearbook	Yes _____	No _____
Facebook Live/Video (Used for school sports & programs)	Yes _____	No _____
Any other Pomerene related materials	Yes _____	No _____

\_\_\_\_\_ (student name) has my permission to  
have his/her photograph published in the items checked above.

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

\_\_\_\_\_  
Date



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**Parent/Student Signature Page**  
**Pomerene School**  
**2022-2023**

**Dear Students and Parent(s)/Guardian(s):**

**Our handbook was developed as a guide for students and parents and to answer commonly asked questions that come up during the course of a school year. Our goal is to create a positive educational atmosphere of learning where rules are enforced firmly, fairly, and consistently to all students.**

**We ask that you familiarize yourself with our handbook by reading it and ask that you sign this page as evidence that you are aware of our policies and procedures. Signing below is evidence that parents and students have or will read and understand the contents of this handbook.**

**\*Please view our parent-student handbook on our school website at [Pomereneschool.org](http://Pomereneschool.org)  
Hard copies are available upon request.**

<b>Print Child/Children's Name(s)</b>	<b>Grade</b>	<b>Signature of Child/Children's Name(s)</b>
(1) _____	_____	(1) _____
(2) _____	_____	(2) _____
(3) _____	_____	(3) _____
(4) _____	_____	(4) _____
(5) _____	_____	(5) _____
(6) _____	_____	(6) _____

\_\_\_\_\_  
**Print Name of Parent/Guardian**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**



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**Pomerene Elementary School District**  
**COVID-19 Waiver, Release, and Assumption of Risk Form**

The novel Coronavirus, COVID-19, is extremely contagious and is believed to spread mainly from person-to-person contact. Although the Pomerene Elementary School District (the "District") has put in place protective measures to reduce the spread of COVID-19, the district cannot guarantee that your child will not become infected with COVID-19. Your child's physical attendance at school, together with other students, inherently increases the risk that your child, you, and/or your household members will contract COVID-19, notwithstanding any precautions taken by the district or school.

On behalf of myself, my household members, and my minor child, \_\_\_\_\_, I acknowledge the extremely contagious nature of COVID-19 and specifically assume all risks and hazards associated with my child's in-person school attendance during the COVID-19 pandemic. I acknowledge that by attending class in person, my child will be associating with staff and other children and may acquire COVID-19 notwithstanding any precautions taken by the school. I acknowledge that the school cannot absolutely control the conduct of its students, guarantee that they or their parents will follow safety protocols and procedures, or prevent infected students from attending and potentially spreading COVID-19 to my child, directly or indirectly.

I further acknowledge that my child's physical attendance at a District school is wholly voluntary. By permitting my child to attend school during the COVID-19 pandemic, I voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me and members of my household.

I certify that my child is in good health and has no fever. I understand that symptoms of COVID-19 include, but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea. I certify that my child currently has none of these symptoms, and I will prevent my child from physically attending school if my child develops any of these symptoms or any other symptoms identified by the CDC as being associated with COVID-19. My child and I will also follow all COVID-19 protocols and procedures adopted by the district or school.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, the District, its insurers, the District's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, disability, dismemberment, or death that may occur to my child, me, or my household members as a result of the COVID-19 pandemic.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members as a result of the COVID-19 pandemic.

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Arizona Department of Education Arizona Residency Documentation Form

Dear Parent/Legal Guardians,

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 (NOTE: Documentation MUST list the physical address...no PO Boxes) 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
- Valid Arizona Address Confidentiality Program authorization card
- 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.

\_\_\_\_\_  
Parent/Legal Guardian Name

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

\_\_\_\_\_  
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.



Arizona Department of Education  
Arizona Residency Guidelines  
REVISED 4/24/2019

## INTRODUCTION

Local educational agencies are required to provide all children with equal access to public education at the elementary and secondary level. The U.S. Supreme Court held in *Plyer v. Doe*, 457 U.S. 202 (1982) that the undocumented or non-citizen status of a student (or his or her parent or guardian) is irrelevant to that student's entitlement to an elementary and secondary public education. However, to receive free public education in the State, students must be Arizona residents. Residents refers to those who are domiciled in Arizona and can provide proof of residence (see below). Pursuant to A.R.S. § 15-823, a school district or charter school may not include non-resident pupils in their student count and may not obtain state aid for those pupils.

In Arizona, the "district of residence" of a student is determined by the residency of the parent or guardian with whom the student lives. Accordingly, it is the responsibility of the school districts and charter schools that receive state aid to ensure that their student/parent residency information is accurate and verifiable. **While a district may restrict attendance to district residents based on available classroom space, inquiring into students' citizenship or immigration status, or that of their parents or guardians would not be relevant to establishing residency within the district.**

The Department may audit schools to ensure that only Arizona resident students are reported for state aid. Any school district or charter school that cannot demonstrate the accuracy of any student's residency status through documents provided by the parent/guardian may be required to repay the state aid received for that student. The following provides information on verifiable documentation parents must provide to prove district of residency.

## OPEN ENROLLMENT

Arizona's open enrollment policies allow a student to transfer to any public school of his or her choice, even if it is outside of the student's district of residence. There are two basic types of open enrollment policies:

- Intra-district: Students transfer to another school within the resident school district.
- Inter-district: Students transfer to a school outside of their resident district.

Under A.R.S. § 15-816 and A.R.S. § 15-816.01, intra-district and inter-district open enrollment policies are mandatory on all school districts, allowing students to apply for admission to any public school, based on available classroom space.

## VERIFIABLE DOCUMENTATION

A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This document is designed to assist school districts and charter schools in meeting the legal requirements of the statute.

The documentation required by A.R.S. § 15-802 must be provided each time a student enrolls in a school district or charter school in this state and reaffirmed during the district or charter's annual registration process via the district or charter's annual registration form. The documentation supporting Arizona residency should be maintained according to the school's records retention schedule. For members of the armed services, a school may enroll a student if the parent provides a hard-copy or electronic document of their transfer or pending transfer to a military installation within the state. The parent must provide official documentation of residency within ten days after the arrival date which may include a temporary on-base billeting facility as their address. **PROOF OF RESIDENCY IS NOT REQUIRED FOR HOMELESS STUDENTS.** 42 U.S.C. § 11432(g)(3)(C)(i).

In general, students will fall into one of two groups: (1) those whose parent or legal guardian is able to provide documentation bearing his or her name and address; and (2) those whose parent or legal guardian cannot document his or her own residence because of extenuating circumstances including, but not limited to, that the family's household is multi-generational. Different documentation is required for each circumstance.

1. **Parent(s) or legal guardian(s) that maintains his or her own residence:** The parent or legal guardian must complete and sign a form indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and provide **one** of the following documents, which bear the parent or legal guardian's full name and residential address or physical description of the property where the student resides (no P.O. Boxes):
  - Valid Arizona driver's license, Arizona identification card
  - Valid Arizona motor vehicle registration
  - Valid Arizona Address Confidentiality Program authorization card
  - Property deed
  - Mortgage documents
  - Property tax bill
  - Rental agreement or lease (including Section 8 agreement or off-base military housing)
  - Utility bill (water, electric, gas, cable, phone)
  - 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 located in Arizona
  - Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)
  - Temporary on-base billeting facility (for military families)

A model Arizona Residency Documentation Form is available for schools at the end of this document.

2. **Parent(s) or legal guardian(s) that does not maintain his or her own residence:** The parent or legal guardian must have an **affidavit of shared residency** form completed indicating his or her name, the name of the school district, school site, or charter school in which the student is being enrolled, and submit a signed, notarized affidavit for the person who maintains the residence where the student lives attesting to the fact that the student resides at that address, along with a document from the bulleted list bearing the name and address of the person who maintains the residence. A model Affidavit of Shared Residence form is available for schools at the end of this document.

#### **USE OF AND RETENTION OF DOCUMENTS BY SCHOOLS**

School officials must retain a copy of the attestations or affidavits and copies of any supporting documentation presented for each student (photocopies acceptable) that school officials believe establish validity. Documents presented may be different in each circumstance, and unique to the living situation of the student. Documents retained by the school district or charter school may be used as an indication of residency; however, documentation is subject to audit by the Department. Personally identifiable information other than name and address (SSN, account numbers, etc.) should be redacted from the documentation either by the parent/guardian or the school official prior to filing. **INFORMATION PROVIDED BY PARENTS AND GUARDIANS TO ARIZONA PUBLIC SCHOOLS IS CONFIDENTIAL AND ONLY USED FOR EDUCATIONAL PURPOSES.**

For more information about the federal guidelines regarding enrollment, please visit <https://www.justice.gov/sites/default/files/crt/legacy/2014/05/08/plylerfact.pdf>



# Pomerene School District #64

Educating the Whole Child

1396 N. Old Pomerene Rd.  
PO Box 7 Pomerene, AZ  
Tel: 520-586-2407  
Fax: 520-586-7724

## State of Arizona Affidavit of Shared Residence Form

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

Parent/Legal Guardian 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
- \_\_\_\_\_ 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)

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