



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*

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



OPEN ENROLLMENT APPLICATION 2022-2023

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Application for (please check one) Continuing Enrollment New Enrollment

Please complete the information requested below and return this application to Pomerene Elementary School.

Only complete and accurate applications will be accepted.

PLEASE PRINT- A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH STUDENT

STUDENTS LEGAL NAME	DOB / /	GENDER M F	PARENT'S NAME
HOME ADDRESS ADDRESS	CITY/ZIP CODE	PARENT'S EMAIL	
HOME PHONE NUMBER	PARENT'S WORK NUMBER	CELL PHONE	

2022-2023 GRADE LEVEL: K 1 2 3 4 5 6 7 8

PRESENT SCHOOL OF ATTENDANCE:

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS ABOUT YOUR CHILD

- Yes No Has your child been suspended or expelled from any school or district?
- Yes No Is your child currently under suspension, expulsion, or in the process of being expelled from another school?
- Yes No Is your student currently being supervised by a juvenile court?
- Yes No Is your child currently attending Pomerene Elementary School?
- Yes No Does your child currently have a 504 Plan? *Please attach a copy of the plan.*
- Yes No Does your child currently qualify for Special Education services? *Please include current IEP*
- Yes No My child has participated or will need to participate in a Gifted Program.
- Yes No I have other children that I will request Open Enrollment for.

IF YOU ARE SUBMITTING APPLICATIONS FOR OTHER CHILDREN PLEASE INCLUDED THE FOLLOWING INFORMATION. A SEPARATE APPLICATION MUST BE FILLED OUT FOR EACH CHILD:

STUDENTS NAME	RELATIONSHIP	GRADE LEVEL

PARENT SIGNATURE REQUIRED

APPLICATIONS FOR CONTINUED ENROLLMENT IN THE 2022-2023 SCHOOL YEAR MUST BE SUBMITTED BY March 31st. NEW ENROLLMENT WILL BE APPROVED BASED ON ENROLLMENT CAPACITY

NOTE: All approved open enrollment applications are reviewed annually. Continued enrollment is based upon compliance with all school regulations regarding conduct, academic progress, and attendance. An approved open enrollment may be revoked if a student fails to comply with all school regulations. Please see Open Enrollment Guidelines for more information.

PARENT SIGNATURE:

DATE:

Parent signature above affirms the information provided is accurate and complete.

APPROVED	DENIED	REASON:
PRINCIPAL'S SIGNATURE:		DATE:



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OPEN ENROLLMENT GUIDELINES

PLEASE READ THE FOLLOWING ITEMS AND INITIAL IN THE SPACE PROVIDED.

	An Open Enrollment Application must be completed and submitted on or before April 7 th .
	Enrollment is subject to the capacity limit established for the school and/or its grade levels.
	Open Enrollment Applications are considered on an annual basis.
	Transportation for the student may be the responsibility of the parent or legal guardian (exceptions by statute [A.R.S. 15-816.06]).
	If my child is accepted for open enrollment, we agree to abide by all district policies and regulations that are outlined in the Student Handbook and District Policy.
	I understand that a serious incident, or repeated instances of misconduct by my student may result in revocation of open enrollment status.
	The legal guardian will be notified, by July 11 th , in writing whether the application has been accepted, rejected or placed on a waiting list.
	I acknowledge that a record of excessive absences and truancies may result in loss of open enrollment status.
	Providing false information on this form may result in the application being denied or admission being revoked.
	Students may be denied admission due to grade level/program capacity limit set by the Governing Board. These applicants shall be placed on a waiting list. Should capacity become available parents will be notified by phone.
	For admission to kindergarten, we recommend that children be five years of age before September 1 of the current school year. Children born between September 1 and December 31 may apply for early entrance. Early entrance students will be required to participate in a screening with the kindergarten teacher.
	Admission may be based on the most age appropriate placement.
	Students shall be denied admission should it be deemed that the health, welfare and safety of current students enrolled in Pomerene Elementary School would be jeopardized.
	Governing Board Policy J-1050 JFB Open Enrollment states the following enrollment priorities: <ul style="list-style-type: none"> ➤ Children who have a properly completed and submitted application. ➤ Children who meet admission standards. ➤ Enrollment preference will be given to students who are were enrolled at Pomerene Elementary the previous year and any sibling who would be enrolled concurrently with such students.

PARENT SIGNATURE REQUIRED

NEW ENROLLMENT WILL BE APPROVED BASED ON ENROLLMENT CAPACITY

NOTE: All approved open enrollment applications are reviewed annually. Continued enrollment is based upon compliance with all school regulations regarding conduct, academic progress, and attendance. An approved open enrollment may be revoked if a student fails to comply with all school regulations.

PARENT 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

Policy JFB Open Enrollment (Highlights)

Capacity

The Superintendent shall annually estimate how much excess capacity may exist to accept transfer pupils. The estimate of excess capacity shall be made for each school and grade level and shall take into consideration:

- A. District resident pupils, including those issued certificates of educational convenience and those required to be admitted by statute.
- B. The enrollment of eligible children, including grandchildren, of persons who are contracted employees of the District.
- C. Nonresident pupils who were enrolled in the school the previous year.

The Governing Board shall make the final determination of excess capacity. The excess-capacity estimates shall be made available to the public by June 1st of each year.

Enrollment Priorities

If the Governing Board has determined that there is excess capacity to enroll additional pupils, such pupils shall be selected on the basis of designated priority categories from the pool of pupils:

- A. Who have properly completed and submitted applications; and
- B. Who meet admission standards.

Enrollment priorities and procedures for selection shall be in the order and in accordance with the following:

- A. Enrollment preference shall be given to nonresident pupils who were enrolled in the school the previous year and any sibling who would be enrolled concurrently with such pupils. If capacity is not sufficient to enroll all of these pupils, they shall be selected through a random selection process adopted by regulation of the Superintendent.
- B. Enrollment preference shall be given to nonresident pupils who were not enrolled in the school the previous year. If capacity is not sufficient to enroll all of these pupils, they shall be selected through a random selection process adopted by regulation of the Superintendent.

Enrollment preference may be given to children who are in foster care.

Admission Standards

A school district may refuse to admit any pupil who has been expelled from another educational institution or who is in the process of being expelled from another educational institution.

Notification

The District shall notify the emancipated pupil, parent, or legal guardian in writing by July 11 whether the applicant has been accepted, placed on a waiting list pending the availability of capacity, or rejected. The District shall also notify the resident school district of an applicant's acceptance or placement on a waiting list. If the applicant is placed on a waiting list, the notification shall inform the emancipated pupil, parent, or legal guardian of the date when it will be determined whether there is capacity for additional enrollment in a school. If the pupil's application is rejected, the reason for the rejection shall be stated in the notification.

As provided by A.R.S. 15-816.07, the District and its employees are immune from civil liability for decisions relative to the acceptance or rejection of the enrollment of a nonresident student when the decisions are based on good faith application of this policy and the applicable statutory requirements and standards.



Registration Form 2022-2023

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Tel: 520-586-2407

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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	
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
-----------------	--	------	--	-------	-----

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:

Parent/Guardian Signature	Date
---------------------------	------

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



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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: _____

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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)

_____ Motel/hotel

_____ Shelter

_____ Group Home

_____ Other: _____

_____ With more than one family in a house/apartment

_____ In a place not designed for ordinary sleeping accommodations: such as a car, park or campsite

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
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
Hard copies are available upon request.**

Print Child/Children's Name(s)	Grade	Signature of Child/Children's Name(s)
(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.

Updated 3/19/2020 CN



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