Salome Elementary School
Escuela Primaria Consolidada Salome

Enrollment Form/FY _____
Formulario de inscripción

Student Information/ *Información del estudiante*

Last Name/*Apellido* _____ **First Name/*Nombre*** _____
Middle Name/*Segundo Nombre* _____ **Legal Last Name/*Apellido Legal*** _____
Gender/*Género* _____ **Grade/*Grado*** _____
Date of Birth/*Fecha de Nacimento* _____
Birth City/*Ciudad Natal* _____ **Birth State/*Estado de nacimiento*** _____
Birth Country/*País de nacimiento* _____

Mailing Addressed To/ *Correo Dirigido a* _____
Mailing Address/*Dirección de envio* _____
Physical Address/*Dirección física* _____
City/State/Zip Code -*Ciudad/Estado/Código Postal* _____

Phone Number/*Numero de telefono* _____
Parent E-mail/*Correo electrónico de los padres* _____

Programs Previously Enrolled/*Programas previamente inscritos:*
Special Education _____ **Speech/Language** _____ **Gifted Program** _____ **ELL** _____ **Other** _____
Educación especial _____ ***Clases Oratorias/De Lenguaje*** _____ ***Programa de superdotados*** _____ ***Otros*** _____

***Previously enrolled in Arizona School** **Yes** _____ **No** _____
Anteriormente matriculado en la escuela de Arizona **Si** _____ **No** _____

Home Language Survey/*Encuesta sobre el idioma del hogar*
What is the primary language used in the home regardless of the language spoken by the student? *Cuál es el idioma principal que se utiliza en el hogar independientemente del idioma que hable el estudiante?* _____

What is the language most often spoken by the student?/*Cual es el idioma que más habla el estudiante?* _____

What is the language that the student first acquired?/ *Cual es el idioma que el estudiante adquirio por primera vez?* _____

Family Information/ *Informacion de familia*

Male Parent/*Guardian-Padre/Guardian* _____ **Cell/*Movil*** _____
Employer/*El Empleador* _____ **Work Phone/*Teléfono del Trabajo*** _____

Female Parent/Guardian-Padre/Guardian _____ **Cell/Movil** _____
Employer/*El Empleador* _____ **Work Phone/*Teléfono del Trabajo*** _____

SALOME ELEMENTARY SCHOOL

Emergency Contact/*Contacto de Emergencia*

Emergency Contact/*Contacto de Emergencia* _____

Emergency Phone/*Teléfono de Emergencia*

_____

Medical Allergies/Health Alert-*Alergias Médicas/Salud Alerta* _____

_____

I hereby grant emergency permission to the Salome Consolidated Elementary School District to take my child to the nearest emergency facility for treatment, in the event that I cannot be reached. It is understood that the school will attempt to contact parents and other persons mentioned before arranging transport to an emergency center.

To the best of my knowledge, the information I have provided on this form is accurate and true. I hereby certify that I am the parent (with legal custody, if separated or divorced) or legal guardian of the student named above.

Por la presente doy permiso de emergencia al Distrito Escolar Primario Consolidado de Salome para llevar a mi hijo al centro de emergencia más cercano para recibir tratamiento, en caso de que no me puedan localizar. Se entiende que la escuela intentará ponerse en contacto con los padres y otras personas mencionadas antes de organizar el transporte a un centro de emergencia.

Hasta donde yo sé, la información que he proporcionado en este formulario es precisa y verdadera. Por la presente certifico que soy el padre (con custodia legal, si está separado o divorciado) o tutor legal del estudiante mencionado anteriormente.

Signature/*Firma* _____

Date/*Fecha* _____

MAILING TITLE/*TÍTULO DE ENVÍO* _____

For School Office Use Only - Para uso de oficina

Date of Entry _____ Entry Code _____

*SAIS Number: _____ (if previously enrolled in AZ School)

IDEA Data and Research

RACE and ETHNICITY DATA COLLECTION FORM

In accordance with federal guidance, a two-part question must be used to collect data about student race and ethnicity. The first part of the question is on ethnicity and the second is on race. The race question can have multiple values.

Child's Name_____ Date_____

Parent/Guardian Signature_____

Race/Ethnicity Two-Part Question: Answer BOTH questions.
The order of the questions is important. The ethnicity question must be asked first, and both questions must be answered.

PART 1: ETHNICITY: Is this student(or is the respondent) Hispanic or Latino? (choose only one)

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American or other Spanish culture or origin, regardless of race.)

PART 2: RACE: What is the student's (or respondent's) race?
(Regardless of how respondent answered the first question, choose one or more)

- ☐ American Indian or Alaska Native (A person having origins in any of the original tribal peoples of North and South America, including Central America, and who maintains affiliation or community attachment)
- ☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.)
- ☐ Black or African American (A person having origins in any of the black racial groups of Africa)
- ☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

IDEA Data and Research

FORMULARIO DE RECOPILACIÓN DE DATOS DE RAZA Y ETNICIDAD

De acuerdo con la guía federal, se debe utilizar una pregunta de dos partes para recopilar datos sobre la raza y el origen étnico de los estudiantes. La primera parte de la pregunta trata sobre el origen étnico y la segunda sobre la raza. La pregunta racial puede tener múltiples valores.

Nombre del Estudiante_____ Fecha_____

Firma del Padre /El Guardian_____

Pregunta de dos partes sobre raza/etnia: responda AMBAS preguntas.
El orden de las preguntas es importante. Primero se debe plantear la cuestión étnica y se deben responder ambas preguntas.

PARTE 1: ETNICIDAD: ¿Es este estudiante (o el encuestado) hispano o latino? (elige sólo uno)

- ☐ No, ni hispano ni latino
- ☐ Sí, hispano o latino (una persona de cultura u origen mexicano, puertorriqueño, cubano, sudamericano o centroamericano u otra cultura u origen español, independientemente de su raza).

PARTE 2: RAZA: ¿Cuál es la raza del estudiante (o del encuestado)?
(Independientemente de cómo respondió el encuestado a la primera pregunta, elija una o más)

- ☐ Indio americano o nativo de Alaska (una persona que tiene orígenes en cualquiera de los pueblos tribales originales de América del Norte y del Sur, incluida América Central, y que mantiene afiliación o vínculo comunitario)
- ☐ Asiático (una persona que tiene orígenes en cualquiera de los pueblos originales del Lejano Oriente, el Sudeste Asiático o el subcontinente indio, incluidos, por ejemplo, Camboya, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.)
- ☐ Negro o afroamericano (una persona que tiene orígenes en cualquiera de los grupos raciales negros de África)
- ☐ Nativo de Hawái u otra isla del Pacífico (una persona que tiene orígenes en cualquiera de los pueblos originales de Hawái, Guam, Samoa u otras islas del Pacífico).
- ☐ Blanco (una persona que tiene orígenes en cualquiera de los pueblos originales de Europa, Medio Oriente o el norte de África).

Arizona Department of Education

Arizona Residency Documentation Form

Student _____ School Salome Elementary School

School District or Charter Holder Salome Consolidated Elementary School Dist No. 30

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
____ 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)
____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
____ 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.

Departamento de Educación de Arizona

Formulario de Documentación de Residencia en Arizona

Nombre del Estudiante _____ Nombre de Escuela Salome Elementary School

Distrito Escolar o Escuela Chárter Salome Consolidated Elementary School Dist No. 30

Padre/Tutor Legal _____

Como el padre del estudiante o represéntate legal, doy fe de que soy residente del estado de Arizona y presento como prueba de esta declaración copia del siguiente documento que muestrami nombre y la dirección residencial o la descripción física de la propiedad donde reside el estudiante:

___ Licencia de conducir valida del Estado de Arizona, tarjeta de identificación de Arizona o registro de vehículo
___ Tarjeta vigente del Programa de Confidencialidad de Dirección de Arizona.
___ Escritura inmobiliaria o documentos de hipoteca
___ Recibo de pago de impuestos sobre la propiedad
___ Contrato de renta de casa/residencia
___ Factura de cuenta sobre el uso de agua, electricidad, gas. Cable de TV, o teléfono
___ Factura de tarjeta de crédito o de banco
___ Copia de la forma W-2 sobre declaración de ingresos
___ Talón del cheque de paga
___ Certificado de inscripción u otra identificación emitida por una tribu indígena reconocida que contiene una dirección de Arizona.
___ Documentación de una agencia estatal, gobierno federal (Administración de Seguro Social, Administración de Veteranos, Departamento de Seguridad Económica de Arizona) o agencia gubernamental de alguna tribu nativa Norte Americana.
___ Tarjeta de identificación consular emitida por un gobierno extranjero como forma válida de identificación si el gobierno extranjero utiliza técnicas de verificación biométrica al emitir la tarjeta de identificación consular.
___ Actualmente no puedo proporcionar ninguno de los documentos mencionados. Por lo tanto, he proveído una declaración original, firmada y notariada por un residente de Arizona que da fe de que he establecido residencia en Arizona con la persona que firma esta declaración.
___ Instalación temporal de alojamiento en la base (para familias militares)

_____ _____

Firma del Padre/Custodio legal Fecha

* Para los miembros de las fuerzas armadas, la aportación de documentación verificable no sirve como declaración de residencia

Arizona Department of Education
Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. **What language do people speak in the home *most* of the time?**

   _____

2. **What language does the student speak *most* of the time?**

   _____

3. **What language did the student *first* speak or understand?**

   _____

Student Name_____ District Student ID_____

Date of Birth_____ SSID_____

Parent/Guardian Signature_____ Date_____

District or Charter NO. 30

School Salome Elementary School

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 05-2023)

Arizona Department of Education
Office of English Language Acquisition Services

Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA). Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse antes de que el estudiante tome el Examen AZELLA.

1. **¿Qué idioma hablan las personas en el hogar *la mayoría* del tiempo?**

   _____

2. **¿Qué idioma habla el estudiante *la mayoría* del tiempo?**

   _____

3. **¿Qué idioma habló o entendió el estudiante *primero*?**

   _____

Distrito

Nombre del estudiante_____ Núm. de identificación_____

Fecha de nacimiento_____ SSID_____

Firma del padre o tutor_____ Fecha_____

Distrito o Charter_____

Escuela_____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please enter all three HLS responses.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 05-2023)

Student Records Parent Signature Page

J-7082 © JR-EB
STUDENT RECORDS
DESIGNATION OF DIRECTORY INFORMATION

During the school year, District staff members may compile non-confidential student directory information specified below.

According to state and federal laws the below-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. If the Governing Board permits the release of the below-designated directory information to persons or organizations who inform students of educational or occupational opportunities, by the law the District is required to provide the same access on the same basis to official military recruiting representatives for the purpose of informing students of educational and occupational opportunities available to them, unless you request in writing that the school not release the student's information without your prior signed and dated written consent. If you do not object to the release of any and all of the below-designated information in writing, then the District must provide military recruiters, upon request, directory information containing the student's names, addresses and telephone listings.

If you do not want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior signed and dated written consent, you must notify the District in writing by checking off any or all of the rejected information, signing the form at the bottom of this page, and returning it to the Principal, with two (2) weeks of receiving this form. If the School District does not receive this notification from you within the prescribed time, it will be assumed that your permission is given to release your son/daughter's designated directory information.

_____ Grade: _____

TO: Principal

I do not want **any or all** of the information I have ☑ below concerning (student's name) _____ designated as directory information and released to any person or organization without my prior written consent:

- ☐ Name
- ☐ Telephone listing
- ☐ Date and place of birth
- ☐ Dates of attendance
- ☐ Honors and awards received
- ☐ Enrollment status (e.g., part time or full time)
- ☐ Weight and height of members of athletic teams
- ☐ Address
- ☐ Electronic mail address
- ☐ Photograph
- ☐ Grade level
- ☐ Major Field of study
- ☐ Participation in officially recognized activities and sports
- ☐ Most recent educational agency or institution attended

_____ _____

(Parent/guardian signature) **(Date)**

*****ESTE DOCUMENTO ES SÓLO COMO GUÍA DE AYUDA, DEBES LLENAR EL OTRO LADO DE INGLÉS*****

EXPEDIENTES DEL ESTUDIANTE (STUDENT RECORDS)
DESIGNACIÓN DE INFORMACIÓN DEL DIRECTORIO

Durante el año escolar, los miembros del personal del distrito pueden recopilar información no confidencial del directorio de estudiantes que se especifica a continuación.

De acuerdo con las leyes estatales y federales, la información del directorio designado a continuación puede divulgarse públicamente a representantes de reclutamiento educativo, ocupacional o militar sin su permiso. Si la Junta Directiva permite la divulgación de la información del directorio designada a continuación a personas de organizaciones que informan a los estudiantes sobre oportunidades educativas u ocupacionales, por ley se requiere que el Distrito proporcione el mismo acceso sobre la misma base a los representantes oficiales de reclutamiento militar para el propósito. de informar a los estudiantes sobre las oportunidades educativas y ocupacionales disponibles para ellos, a menos que usted solicite por escrito que la escuela no divulgue la información del estudiante sin su consentimiento previo por escrito, firmado y fechado. Si no se opone a la divulgación por escrito de toda la información designada a continuación, entonces el Distrito debe proporcionar a los reclutadores militares, previa solicitud, información del directorio que contenga los nombres, direcciones y listados telefónicos del estudiante.

Si no desea que parte o toda la información designada a continuación sobre su hijo/hija se divulgue a cualquier persona u organización sin su consentimiento previo por escrito, firmado y fechado, debe notificar al Distrito por escrito marcando cualquiera o todos los la información rechazada, firmando el formulario al final de esta página y devolviéndole al Superintendente, dentro de las dos (2) semanas posteriores a la recepción de este formulario. Si el Distrito Escolar no recibe esta notificación suya dentro del tiempo prescrito, se asumirá que ha otorgado su permiso para divulgar la información del directorio designado de su hijo/hija.

PARA: Superintendente

NO quiero ninguna o toda la información que he verificado a continuación sobre (Nombre del estudiante)_____OTRO LADO_____ designado como información de directorio y divulgado a cualquier persona u organización sin mi consentimiento previo por escrito.

*********MARQUE ESTAS CASILLAS EN EL OTRO LADO (EL LADO INGLÉS)**

- [ ] **Nombre**
- [ ] **Listado de teléfonos**
- [ ] **Fecha y lugar de nacimiento**
- [ ] **Fechas de asistencia**
- [ ] **Honores y premios recibidos**
- [ ] **Estado de inscripción (por ejemplo, tiempo parcial o tiempo completo)**
- [ ] **Peso y altura de los miembros de equipos deportivos**

- [ ] **Nombre**
- [ ] **Listado de teléfonos**
- [ ] **Fecha y lugar de nacimiento**
- [ ] **Fechas de asistencia**
- [ ] **Honores y premios recibidos**
- [ ] **Estado de inscripción (por ejemplo, tiempo parcial o tiempo compl**
- [ ] **Peso y altura de los miembros de equipos deportivos**
- [ ]

_____ _____

(Parent/guardian signature) **(Date)**

Distrito Escolar Consolidado Salomé N.° 30

FY 2025 - 2026

Arizona - LEYES

15-803. Asistencia escolar; exención; definiciones.

A. Es ilegal que cualquier niño que tenga entre seis y dieciséis años de edad no asista a la escuela durante el horario escolar, a menos que:

El niño está excusado de conformidad con la sección 15-802, subsección D o la sección 15-901, subsección A, párrafo 5, subdivisión (c).

El niño está acompañado por un padre o una persona autorizada por el padre.

El niño recibe instrucción en un centro educativo en el hogar.

B. Un niño con ausentismo escolar habitual o con ausencias excesivas puede ser declarado incorregible, según se define en la sección 8-201. La ausencia se considerará excesiva cuando el número de días de ausencia supere el diez por ciento del número de días de asistencia obligatorios prescritos en la sección 15-802. Subsección B, párrafo 1.

C. A los efectos de esta sección:

-"Ausentismo escolar habitual" significa un niño que falta a clase por lo menos cinco días durante un año escolar.

-"Ausente sin justificación" significa una ausencia injustificada durante al menos un período de clase durante el día.

-"Niño ausente" significa un niño que tiene entre seis y dieciséis años de edad y que no asiste a una escuela pública o privada durante las horas en que la escuela está en sesión, a menos que esté excusado según lo dispuesto en esta sección.

15-807. Ausencia escolar; notificación a los padres o tutores legales del estudiante; inmunidad, ausencia justificada.

A. Si un estudiante de un programa de jardín de infantes o de cualquiera de los grados del primero al octavo se ausenta de la escuela sin justificación, según lo dispuesto en este artículo, o sin notificar a la escuela en la que está inscrito sobre la autorización de la ausencia por parte de los padres u otra persona que tenga la custodia del estudiante, la escuela en la que está inscrito hará un esfuerzo razonable para llamar y notificar de inmediato a los padres u otra persona que tenga la custodia del estudiante sobre la ausencia del estudiante de la escuela:

1. Dentro de las dos horas posteriores a la primera clase en la que el estudiante esté ausente, si se trata de un estudiante de un programa de jardín de infantes o de cualquiera de los grados del primero al sexto.

2. Dentro de las dos horas siguientes a la primera clase en la que el estudiante estuvo ausente, en el caso de un estudiante de séptimo u octavo grado, si la primera clase en la que el estudiante estuvo ausente es la primera clase del día escolar.

3. Dentro de las cinco horas siguientes a la primera clase en la qué el estudiante esté ausente, en el caso de un estudiante de séptimo u octavo grado, si la primera clase en la que el estudiante esté ausente es posterior a la primera clase del día escolar del estudiante.

B. Antes o durante la inscripción de un alumno en un programa de jardín de infantes o en cualquiera de los grados primero a octavo, el distrito escolar notificará a los padres u otra persona que tenga la custodia del alumno:

1. La responsabilidad del padre u otra persona de autorizar la ausencia de cualquier estudiante de la escuela y de notificar a la escuela en la que está inscrito el estudiante con anticipación o en el momento de cualquier ausencia.

2. Que el distrito escolar exija que el padre, madre o tutor proporcione al menos un número de teléfono, si está disponible, para los fines de esta sección. El distrito escolar exigirá que dicho número, si está disponible, se proporcione al momento de la matrícula del estudiante y que se notifique inmediatamente a la escuela de matrícula cualquier cambio en dicho número.

C. Un distrito escolar, los miembros de la junta directiva de un distrito escolar y los empleados o agentes de un distrito escolar no son responsables de no notificar a los padres u otra persona que tenga la custodia de un alumno sobre la ausencia del alumno de la escuela según lo dispuesto en esta sección.

D. Al identificar las ausencias justificadas de conformidad con la sección 15-901, subsección A, párrafo 1, el departamento de educación identificará como justificada una ausencia debida a la salud mental o conductual del alumno. El departamento podrá adoptar directrices y normas para los fines de esta subsección, incluyendo la determinación de qué constituye una ausencia debida a la salud mental o conductual del estudiante.salud de un alumno.

Al firmar a continuación, doy mi consentimiento de que he leído esta información y acataré todo lo que se establece.

Alumno _____ Calificación _____

Firma del padre/tutor _____ Fecha _____ Firme, feche y devuelva a la oficina.

Salome Consolidated Elementary School Dist. No 30

FY 2025 - 2026

Arizona - LAWS

15-803. School attendance; exemption; definitions.

A. It is unlawful for any child who is between six and sixteen years of age to fail to attend school during the hours school is in session, unless either:

The child is excused pursuant to section 15-802, subsection D or section 15-901, subsection A, paragraph 5, subdivision (c).

The child is accompanied by a parent or a person authorized by the parent.

The child is provided with instruction in a homeschool.

B. A child who is habitually truant or who has excessive absences may be adjudicated an incorrigible child as defined in section 8-201. Absence may be considered excessive when the number of absent days exceeds ten percent of the number of required attendance days prescribed in section 15-802. Subsection B, paragraph 1.

C. For the purpose of this section:

"Habitually truant" means a truant child who is truant for at least five school days within a school year.

"Truant" means an unexcused absence for at least one class period during the day.

"Truant child" means a child who is between six and sixteen years of age and who is not in attendance at a public or private school during the hours that school is in session, unless excused as provided by this section.

15-807. Absence from school; notification to the parent or person having custody of the student; immunity, excused absence

A. If a student in a kindergarten program or in any of grades one through eight is absent from school without excuse as provided in this article or without notifying the school in which the student is enrolled of the authorization of the absence on the part of the parents or another person. person who has custody of the student, the school in which the student is enrolled will make a reasonable effort to telephone and immediately notify the parent or other person who has custody of the student of the student's absence from school:

1. Within two hours of the first class in which the student is absent for a student in a kindergarten program or in any of grades one through six.
2. Within two hours after the first class in which the student was absent for a seventh or eighth grade student if the first class in which the student was absent is the first class of the school day.
3. Within five hours after the first class in which the student is absent for a seventh or eighth grade student if the first class in which the student is absent is after the first class of the student's school day.

B. On or before the enrollment of a pupil in a program in kindergarten or in any of grades one through eight, the school district will notify the parents or other person having custody of the pupil:

1. The responsibility of the parent or other person to authorize any student's absence from school and to notify the school in which the student is enrolled in advance or at the time of any absence.
2. That the school district requires the parent or other custodial person to provide at least one telephone number, if available, for the purposes of this section. The school district will require that the telephone number, if available, be provided at the time of the student's enrollment in school and that the school of enrollment be immediately notified of any change in the telephone number.

C. A school district, members of the governing board of a school district, and employees or agents of a school district are not responsible for failing to notify the parent or other person having custody of a pupil of the pupil's absence from school as provided in this section.

D. When identifying excused absences pursuant to section 15-901, subsection A, paragraph 1, the department of education shall identify an absence due to a pupil's mental or behavioral health as an excused absence. The department may adopt guidelines and rules for the purposes of this subsection, including determining what constitutes an absence due to a student's mental or behavioral health of a pupil.

By signing below I consent that I have read this piece of information and will abide by all that is being stated.

Student _____ Grade _____

Parent/Guardian Signature _____ Date _____ Sign/date and return to the office

Salome Consolidated Elementary School District NO. 30
School Bus Rules
2025-2026

Arizona Department of Public Safety-R17-4-507-Minimum standard for school bus operation, Section D-Authority of schools drivers, "The driver of a school bus is responsible for the orderly conduct and safety of pupils and other passengers being transported in accordance with the policy established by the governing board of that school. All adult passengers such as coaches, teachers, monitors, etc. are also under the authority of the school bus driver.

While riding the bus:

1. Obey the driver and follow directions.
2. Except for ordinary conversation, students shall observe quiet conduct on the bus.
3. Be on time for the bus.
4. Students shall stay in their seat while the bus is in motion, with no changing of seats.
5. Do not throw any object in the bus or out the window. Do not damage, throw litter on or vandalize the bus.
6. Students shall not have food, candy, or drinks on the bus.
7. Keep the bus clean and the aisles clear.
8. No Part of the body shall be extended through the bus window.
9. Students must be quiet while the bus is stopped for railway crossings
10. Students shall not leave the bus from the emergency door unless an emergency exists.
11. While waiting for the bus, students are to follow normal school rules of hands and feet to themselves. No throwing of objects, name calling etc.

***Riding the bus is a privilege. The District has the right to suspend that privilege if your behavior on the bus or while waiting for the bus is not appropriate.**

==========

PLEASE SIGN AND RETURN TO THE SCHOOL BUS DRIVER

PARENT'S SIGNATURE_____DATE_____

STUDENT'S NAME_____

GRADE_____AGE_____

LOCATION OF BUS STOP_____

Salome Elementary – Title 1 Parent – School Compact
2025-2026

As part of the Salome Elementary Title 1 School Improvement Project, we are asking that you and your child join us in signing a voluntary written agreement (or compact) that expresses support of your child's education and commits everyone involved in your child's education to helping him or her reach their potential as learners. We fully support this compact because it forms a partnership which we feel will lead to a successful educational experience for each student who attends Salome Elementary School.

Staff Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Teach classes through interesting and challenging lessons that promote student achievement.
- Endeavor to motivate my students to learn.
- Have high expectations and help every child to develop a love of learning.
- Communicate regularly with families about student progress.
- Provide a warm, safe, and caring learning environment.
- Provide meaningful homework assignments to reinforce and extend learning:
  -Suggested 20 minutes of reading daily + occasional homework of approximately 30 minutes for grades K-5.
  -Suggested 30 minutes of reading daily + occasional homework of approximately 60 minutes for grades 6-8.
- Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community.
- Actively participate in collaborative decision making and consistently work with families and my school colleagues to make schools accessible and welcoming places for families which help students achieve the school's high academic standards.
- Respect the school, students, staff and families.

Student Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Come to school ready to learn and work hard.
- Bring necessary materials, completed assignments and homework.
- Know and follow school and class rules.
- Communicate regularly with my parents and teachers about school experiences so that they can help me to be successful in school.
- Limit my TV watching and instead study or read every day after school.
- Respect the school, classmates, staff and families.

Family/Parent Pledge

I agree to carry out the following responsibilities to the best of my ability:

- Provide a quiet time and place for homework and monitor TV viewing.
- Read to my child or encourage my child to read every day:
  -20 minutes suggested for K-5 grade.
  -30 minutes suggested for grades 6-8.
- Ensure that my child attends school every day, gets adequate sleep, regular medical attention and proper nutrition.
- Regularly monitor my child's progress in school.
- Participate at school activities such as school decision making, volunteering and /or attending parent-teacher conferences as well as other school functions.
- Communicate the importance of education and learning to my child.
- Respect the school, staff, students and families.

Student	Teacher	Parent/Guardian

2025 2026

Student/Parent Handbook Acknowledgement

Please initial the following statement and sign below:

_____I received a copy of the Salome Elementary School 2025-26 Student and Parent Handbook, which includes the school rules, guidelines, and discipline consequences.

Parent Signature:_____Date:_____

Student Signature:_____Date:_____

Please return this form to your child's teacher or the school office.

IJNDB-E ©

EXHIBIT

USE OF TECHNOLOGY RESOURCES IN INSTRUCTION

ELECTRONIC INFORMATION SERVICES USER AGREEMENT

Details of the user agreement shall be discussed with each potential user of the electronic information services (EIS). When the signed agreement is returned to the school, the user may be permitted use of EIS resources.

Terms and Conditions

Acceptable use. Each user must:

A. Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.

B. Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.

C. Abide by all copyright and trademark laws and regulations.

D. Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.

E. Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.

F. Not use the network in any way that would disrupt the use of the network by others.

G. Not use the EIS for commercial purposes.

H. Follow the District's code of conduct.

I. Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.

J. Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary action up to and including expulsion for students.

In addition, acceptable use for District employees is extended to include requirements to:

A. Maintain supervision of students using the EIS.

B. Agree to directly log on and supervise the account activity when allowing others to use District accounts.

C. Take responsibility for assigned personal and District accounts, including password protection.

D. Take all responsible precautions, including password maintenance and file and directory protection measures, to prevent the use of personal and District accounts and files by unauthorized persons.

Personal responsibility. I will report any misuse of the EIS to the administration or system administrator, as is appropriate.

I understand that many services and products are available for a fee and *acknowledge my personal responsibility for any expenses incurred without District authorization.*

Network etiquette. I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

A. *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages.

B. *Respect privacy.* I will not reveal any home addresses or personal phone numbers or personally identifiable information.

C. *Avoid disruptions.* I will not use the network in any way that would disrupt use of the systems by others.

D. *Observe the following considerations:*

1. Be brief.

2. Strive to use correct spelling and make messages easy to understand.

3. Use short and descriptive titles for articles.

4. Post only to known groups or persons.

Services

The School District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information services (EIS) is used and bears the risk of reliance on the information obtained.

I have read and agree to abide by the School District policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Print Name _____

Signature _____ Date _____

(Student or employee)

School Salome Elementary School Grade (if a student) _____

Note that this agreement applies to both students and employees.

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

Parent or Guardian Cosigner

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired by

use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a School District administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement.)

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Parent or Guardian Name (print)

_____

Signature _____ Date _____

Salome Consolidated Elementary School Dist. NO 30

FY 2025-26

Parents and Guardians,

At Salome Elementary School, we use Google Workspace for Education, and we are seeking your permission to provide and manage a Google Workspace for Education account for your child. Google Workspace for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At Salome Elementary, students will use their Google Workspace for Education accounts to complete assignments, communicate with their teachers, sign into their Chromebooks, and learn 21st century digital citizenship skills.

The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

What personal information does Google collect?
How does Google use this information?
Will Google disclose my child's personal information?
Does Google use student personal information for users in K-12 schools to target advertising?
Can my child share information with others using the Google Workspace for Education account?

Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent.

I give permission for Salome Elementary School to create/maintain a Google Workspace for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below.

Thank you,
Jennifer Walton

_____ _____

Full name of student Grade

_____

Printed name of parent/guardian

_____ _____

Signature of parent/guardian Date

Distrito Escolar Consolidado Salomé N.° 30

Año académico 2025-26

Padres y tutores,

En Escuela Primaria Salomé, usamos Google Workspace for Education y solicitamos su permiso para proporcionar y administrar una cuenta de Google Workspace for Education para su hijo/a. Google Workspace for Education es un conjunto de herramientas de productividad educativa de Google, que incluye Gmail, Calendario, Documentos, Classroom y más, y que utilizan decenas de millones de estudiantes y maestros en todo el mundo. En la Escuela Primaria Salomé, los estudiantes usarán sus cuentas de Google Workspace for Education para completar tareas, comunicarse con sus maestros, iniciar sesión en sus Chromebooks y aprender habilidades de ciudadanía digital del siglo XXI.

El siguiente aviso proporciona respuestas a preguntas frecuentes sobre lo que Google puede y no puede hacer con la información personal de su hijo, incluyendo:

¿Qué información personal recopila Google?
¿Cómo utiliza Google esta información?
¿Google divulgará la información personal de mi hijo?
¿Google utiliza información personal de estudiantes de escuelas primarias y secundarias para orientar la publicidad?
¿Puede mi hijo compartir información con otras personas mediante la cuenta de Google Workspace for Education?

Léalo atentamente, háganos saber cualquier pregunta y luego firme a continuación para indicar que ha leído el aviso y da su consentimiento.

Doy permiso a la Escuela Primaria Salomé para crear/mantener una cuenta de Google Workspace for Education para mi hijo y para que Google recopile, use y divulgue información sobre mi hijo únicamente para los fines descritos en el aviso a continuación.

Gracias,
Jennifer Walton

_____ _____

Nombre completo del estudiante Grado

_____

Nombre impreso del padre/tutor

_____ _____

Firma del padre/tutor Fecha

Salome Consolidated Elementary School Dist. No 30
All Year Round 2025-26

Movie Parent Permission

Occasionally throughout the school year, we present videos and movies at school. It's important that we have permission to show any video or movie rating such as G, PG, PG-13 or any other general movie ratings.

If you do not wish your student to participate we will make accommodations for them to not be present in the room when that event occurs. They will be given an alternate assignment and will not be penalized in any way.

Please indicate your preference by returning this form. If you have any questions please contact the teacher or the front office at 928-859-3339.

- ☐ I give permission for my child, _____, to view any general movie ratings.
- ☐ **I DO NOT** give permission for my child, _____, to view any general movie ratings.

FAILURE TO RETURN THIS FORM TO THE TEACHER OR OFFICE WILL RESULT IN THE ASSUMPTION OF PERMISSION BEING GRANTED.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION/RECORDS
AUTORIZACIÓN PARA LA DIVULGACIÓN DE INFORMACIÓN/REGISTORE

Date Pre-Enrolled_____
(Fecha de preinscripción)

Student's Name_____ **Date Enrolled**_____
(Nombre del estudiante) *(Fecha de inscripción)*

Date of Birth_____ **Grade**_____
(Fecha de nacimiento) *(Grado)*

School Last Attended **Name of School**_____
(Escuela a la que asistió por última vez)

School Address_____

City, State, Zip_____

This is your authorization to release to Salome Elementary School those medical records, psychological reports, test results and evaluations you have regarding the health, welfare, and educational progress of the above named student. If these have been sent to another school, please forward this request to that school. This information will be held in the strictest of confidence. If you have any questions please give us a call here at the school at (928) 859-3339.

Esta es su autorización para divulgar a la Escuela Primaria Salome aquellos registros médicos, informes psicológicos, resultados de pruebas y evaluaciones que tenga con respecto a la salud, el bienestar y el progreso educativo del estudiante mencionado anteriormente. Si estos se han enviado a otra escuela, envíe esta solicitud a esa escuela. Esta información se mantendrá en la más estricta confidencialidad. Si tiene alguna pregunta, llámenos aquí en la escuela al (928) 859-3339.

Thank you.

PLEASE SEND ALL RECORDS TO: Salome Elementary School
Attn: School Secretary
P.O Box 339
Salome, AZ 85348
Fax: (928) 859-3085 Phone:(928) 859-3339

This will constitute my consent for the above requested records to be released to Salome Elementary School.
(Esto constituirá mi consentimiento para que los registros solicitados anteriormente se entreguen a la Escuela Primaria Salome)

Parent/Guardian _____
(Madre/Pardre/Guardiana)
City, State, and Zip_____
(Ciudad, estado y código postal)

FOR OFFICE USE *(Para uso de oficina)*
First Request Sent_____
Second Request Sent_____

Salome Consolidated Elementary School Dist. No 30

The Educational Rights of Homeless Children and Youth

The **LEA/Charter District** shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applies to all services, programs, and activities provided or made available.

McKinney-Vento Definition of Homeless:
The term "*homeless children and youth*"— means individuals who lack a fixed, regular, and adequate nighttime residence *[42 U.S.C. § 11434a(2)].*

A student may be considered eligible for services as a "Homeless Child or Youth" under the McKinney-Vento Homeless Assistance Act if he or she is presently living in one of the following situations:

- sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason,
- living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations,
- living in emergency or transitional shelters; or are abandoned in hospitals,
- have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,
- living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- is a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in circumstances described above.

Salome Consolidated Elementary School Dist. No 30
The Educational Rights of Homeless Children and Youth

To remove educational barriers for children and youths experiencing homelessness, the McKinney-Vento Act mandates the following: Immediate Enrollment: Documentation and immunization records cannot serve as a barrier to the enrollment in school [42 U.S.C. §11432(g)(3)(C)].

School Selection and Maintained Enrollment: McKinney Vento eligible students have a right to select from the options outlined below. Students may remain enrolled in their selected schools for the duration of homelessness, and until the end of the academic year upon which they are permanently housed or enroll the child or youth in any public school that non-homeless students who live in the attendance area in which the child or youth is living are eligible to attend. [42 U.S.C. §11432(g)(3)(A), 42 U.S.C. §11432(g)(3)(B) and 42 U.S.C. §11432(g)(3)(I) (i)].

School of Origin	School of Residency
The school the student attended when permanently housed	The school in the attendance area in which the student currently resides
The school in which the student was last enrolled	

Transportation Services: McKinney-Vento eligible students attending their School of Origin have a right to transportation to and from the School of Origin [42 U.S.C. §11432(g)(1)(J)(iii)].

Participation in Programs: McKinney-Vento eligible students are guaranteed the right to services comparable to services offered to other students in the school [42 U.S.C. §11432(g)(4) & (6)(iii)].

Unaccompanied Youth Experiencing Homelessness: McKinney-Vento eligible students are guaranteed the right to immediate enrollment without proof of guardianship [42 U.S.C. §1432(g)(1)(H)(iv)].

Access to Extracurricular Activities: Removal of barriers to accessing academic and extracurricular activities for homeless students who meet relevant eligibility criteria [42 U.S.C. §11432(g)(1)(F)(iii)].

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district [42 U.S.C. §11432(g)(3)(E)].

Appointment of a Local Homeless Liaison: The McKinney-Vento Act mandates the appointment of a local Homeless Liaison in every school district or local education agency (LEA) to ensure that homeless children and youth are enrolled in and have a full and equal opportunity to succeed in school [42 U.S.C. §11432(g)(1)(J)(ii) and U.S.C. §11432(g)(6)(A)].

For more information, refer to Arizona Department of Education, Homeless Education, 42 USC CHAPTER 119, SUBCHAPTER VI, Part B: Education for Homeless Children and Youths, and the AZ State ESSA Plan. You may also contact:

Salome Consolidated Elementary School Dist. No 30 38128 Saguaro Salome, AZ 85348 Jacqueline Boyas (928)859-3339 Ext. 2102 jboyas@salomek8.org	**State Homeless Education Program Coordinator** Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ 85007 (602) 542-4963 Homeless@azed.gov

FY 2025-26

Optional Not Mandd

Homeless Education Program

SCHOOL

Student Residency Questionnaire (SRQ)

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq. Please note, false claims about living situations may affect enrollment.

Section A

Today's date: _____

Name of individual completing this form: _____

Your telephone number: _____ Your email address: _____

Student name: _____

Last school attended: _____ Current grade: _____ Birth date: _____ Do you have additional children attending school in our district? Yes ☐ No ☐

Do you have children of the preschool age? Yes ☐ No ☐

Please provide information about additional children attending school in our district or of preschool age.

Last Name	First Name	Grade	School	District

Address of where the student slept last night: _____

Is this address based on a temporary living arrangement? Yes ☐ No ☐
(Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship, or similar reason; car; park; campsite.)

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.

Section B

Name of the parent/guardian/adult caring for the student: _____

Relationship to the student: _____

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes ☐ No ☐

Please place an "X" in each box that best describes where the student sleeps at night. ☐ In a place that does not have windows, doors, running water, heat, electricity, or overcrowded

☐ Staying with a friend or relative because of loss of housing, economic hardship, or similar reason (Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

What date did you begin staying here? _____

☐ In a shelter/transitional housing program (name of agency): _____

What date did you begin staying here? _____

☐ In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place) Provide the main cross streets of this unsheltered location: _____

☐ In a hotel/motel (name of hotel/motel & address) _____

What date did you begin staying here? _____

☐ With an adult that is not a parent or court appointed legal guardian

☐ Alone, not in the care of a parent or court appointed legal guardian

☐ None of the above (Please explain): _____

_____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

Signature of Person Providing Information Date
Parent/Legal guardian/Caregiver/Student _____ _____
Date

For School Use Only

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: _____ Please check the housing types that apply:

Sheltered ☐ Doubled-up ☐ Unsheltered/FEMA/Substandard Date received by Homeless Liaison

☐ Hotel/Motel ☐ Unaccompanied youth: Yes ☐ No ☐ _____

Transportation to school of origin needed: Yes ☐ No ☐