



2701 S. Campbell Avenue • Tucson, Arizona 85713
(520) 623-7102 • Fax: (520) 623-7125

Request for Student Records

Southside Community School
2701 S. Campbell Avenue
Tucson Arizona 85713
520-623-7102
520-623-7125 (FAX)

The student named below recently enrolled in our school. We would appreciate if you would send the following records to us. Federal Law 99.31 states: No parent signature is required for transfer of educational records to another educational agency.

Please send:

Official transcripts
Key to your grading systems
Health/Immunization records
Attendance Records
Achievement Test Scores
SPED documents (IEP'S)
Speech Language information
Azella Assessment Report
Terra Nova

Birth Certificate
Official Withdrawal slip
Grades to date of withdrawal
Hearing/Vision screening results
SAIS ID Number
Legal documents/probation
Any other pertinent student info
AIMS Assessment
Discipline Records

Parents Signature _____

Name _____ Birthdate: _____ Grade: _____

In order to maintain the health and safety to all students, the following guidelines are used to assess students who report illness or injury to the office. It is crucial that Southside Community School has current, accessible contact phone numbers for all parents/guardians so we may notify you in the event that your student experiences an injury or health emergency during the school day. Should your student require a pick-up and you are unavailable, alternative arrangements must be made for an emergency contact person to retrieve the student. Due to limited space, please be aware that ill or injured student must be picked up within one hour of contacting the parent or guardian.

IF PARENT OR GUARDIAN CANNOT BE REACHED IN CASE OF DISCIPLINE/EMERGENCY PLEASE NAME A RELATIVE OR FRIEND WITH A LOCAL PHONE WHO WILL BE RESPONSIBLE IF YOUR STUDENT IS SENT HOME (PLEASE NOTIFY THE SCHOOL OF ANY CHANGES ON THIS CARD).

Name: _____ Phone: _____ Relation to student: _____

Name: _____ Phone: _____ Relation to student: _____

Name: _____ Phone: _____ Relation to student: _____

Name: _____ Phone: _____ Relation to student: _____

Doctor: _____ Phone: _____ Hospital Preference: _____

If emergency or medical attention or treatment is required, and the parent/guardian cannot be contacted, I hereby authorize my child to be given emergency medical care as deemed necessary by school officials. I understand that any expenses incurred will be paid for by the parent/guardian or by insurance coverage responsibility of Southside Community School.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date: _____

Student's name (please print) _____

Health Conditions, Injury or Illness:

Please check any of the following conditions your child has that would affect or limit his/her classroom performances or P.E. activities? Check all that apply and Explain:

- Vision problems: Glasses/Contacts/ other _____
- Hearing problems: Hearing Aids Y or N _____
- Blood Disorder _____
- Allergies: (see below) *** _____
- Bowel or Bladder Control _____
- Fainting Spells _____
- Seizure Disorder (see below) *** _____
- Neuromuscular Problems _____
- Behavioral/Emotional Concerns _____
- Migraine Headaches: Medication taken _____
- Attention Deficit Disorder: Medications taken _____
- Other _____
- Skin Condition _____
- Diabetes (see below) *** _____
- Heart Condition (see below) *** _____
- Asthma _____
- Orthopedic issues _____
- Other Development Disabilities _____
- Tourette's syndrome _____

Please explain any checked above: _____

Does your students' condition, illness or injury affect school attendance or participation in PE class?

ONLY FILL OUT BELOW IF YOUR CHILD HAS A LIFE-THREATENING CONDITION:

***If your child has been diagnosed with any of the following the school *requires a medication/treatment plan* from a health care provider to be on file at the school for your child's safety before enrollment will be complete (please see health office).

Severe allergic reaction food related: Allergy to _____

Severe allergic reaction non-food related: Allergy to _____

Other severe allergies affecting school: _____

Severe asthma or other respiratory (regularly takes medication for asthmatic conditions or hospitalized within last 5 years for asthmatic conditions) Needed treatment at school: _____

Severe seizure disorder. Needed treatment at school _____

Diabetes: *Hyperglycemic or Hypoglycemic*. Needed treatment at school: _____

Severe heart condition. Needed treatment at school: _____

Severe chronic illness or disease. Needed treatment at school: _____

Other: _____ Needed treatment at school: _____

Health Office Permission Form:

* I give permission for my child to have the following applied or given to my student by the health office or school staff using standard protocols. Please place a mark next to each.

- Neosporin or triple antibiotic ointment applied if needed (cuts, scrapes etc).
- Vaseline: dry/chapped lips or skin.
- Saline-flush for debris in eyes or drops for irritation.
- Tylenol or Ibuprofen (for menstrual pain or control of fever if parent guardian >1 hour response time temperature greater then 101 degrees).
- Calamine lotion (mild itching)
- Throat lozenge non- medicated

** For emergency situations I consent for the school to give my student Benadryl for allergic reactions with hives, rash or onset of swelling to any part of the body due to sting, bite or ingestion: Yes or No

Medication: All prescription medications must have a current date, name of the student, and accurate dosing information for it to be given at school. Please see health office for any over the counter medication to be given at school. All information is confidential and as per HIPPA and will only be shared on a need-to-know basis for privacy and care of your student. I understand 911 may be called to assist medical emergency during school hours. The health office coordinator and many staff are certified in AHA First Aid and CPR and if the need arise will perform measures within their scope of practice. I understand it is my responsibility to notify the Southside Community School office if there are any changes to my answers on this form.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian printed name: _____

Student's Name: _____

SAFETY

Has your child ever been suspended for a weapon violation? Yes No

Has your child ever been expelled or is your child pending an expulsion from another school? Yes No

Has your child ever been on court ordered supervisor, probation, or parole? Yes No

Are they currently on court ordered supervision, probation or parole? Yes No

VERIFICATION OF INFORMATION

The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment at Southside Community.



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**Southside Community School
Media Release**

I hereby irrevocably grant to Southside Community School, their successors, and their assignees the right to record the image and/or voice and use the artwork and/or written work of my child on videotape, film, in photographs, digital media, and in any other form of electronic or print medium and to edit such recording at their discretion. I further grant Southside Community School, their successors, and their assignees the right to use my child's image and/or voice on the internet, in brochures, and in any other medium and hereby consent to such use. This right includes, but is not limited to: any royalties, proceeds, or other benefits derived from such photographs or recordings. I hereby release Southside Community School, their successors, and their assignees from all claims, damages, demands, costs, expenses, and liabilities whatsoever in connection with the above.

Media Release for:

- Student: _____
- School: Southside Community School
- Grade Level: _____

This media release is **permanent** and will remain in effect during the entire time the student is enrolled. A new media release will be required to change any aspect of information provided in this media release. Media release forms are available in the front office for any parents or guardians wanting to update their information.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Southside Community School, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's educational records. However, Southside Community School may disclose appropriately designated "directory information" without written consent, unless you have advised Southside Community School to the contrary in accordance with Southside community School procedures. The primary purpose of directory information is to allow Southside Community School to include this type of information from your child's education records in certain school publications. If you do not want Southside Community School to disclose director information from your child's educational records without your prior written consent, you must notify Southside Community School in writing prior to the first day of the student's enrollment. The directory information includes, but is not limited to, the student's name, address, telephone listing, electronic email address, grade level, participation in officially recognized activities and sport, award or placement in school organized or supported competitions, and cumulative and current grade average (in the case of students who qualify for Academic Recognition).



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**Escuela de la Comunidad Southside
Comunicado de prensa**

Por la presente otorgo irrevocablemente a La Escuela de Comunidad Southside, sus sucesores y sus cesionarios el derecho de grabar la imagen y/o la voz y utilizar el trabajo artístico y/o escrito de mi hijo en cintas de video, películas, fotografías, medios digitales y en cualquier otra forma de medio electrónico o impreso y editar dicha grabación a su discreción. Además, otorgo a La Escuela de Comunidad Southside, sus sucesores y sus cesionarios el derecho de usar la imagen y/o la voz de mi hijo en Internet, en folletos y en cualquier otro medio y, por la presente, doy mi consentimiento para dicho uso. Este derecho incluye, pero no se limita a: cualquier regalía, ganancias u otros beneficios derivados de tales fotografías o grabaciones. Por la presente libero a La Escuela de Comunidad Southside, sus sucesores y cesionarios de todos los reclamos, daños, demandas, costos, gastos y responsabilidades de cualquier tipo en relación con lo anterior.

Comunicado de prensa para:

- Alumno: _____
- Escuela: La Escuela de Comunidad Southside
- Nivel de grado: _____

Este comunicado de prensa es **permanente** y permanecerá vigente durante todo el tiempo que el estudiante esté inscrito. Se requerirá un nuevo comunicado de prensa para cambiar cualquier aspecto de la información proporcionada en este comunicado de prensa. Los formularios de comunicado de prensa están disponibles en la oficina principal para cualquier padre o tutor que desee actualizar su información.

• Nombre del Padre de Familia / Guardian: _____

• Firma del padre/tutor: _____ Fecha: _____

La Ley de Privacidad y Derechos Educativos de la Familia (FERPA), una ley federal, requiere que La Escuela de Comunidad Southside, con ciertas excepciones, obtenga su consentimiento por escrito antes de la divulgación de información de identificación personal de los registros educativos de su hijo/a. Sin embargo, La Escuela de Comunidad Southside puede divulgar "información de directorio" apropiadamente designada sin consentimiento por escrito, a menos que usted haya informado lo contrario a La Escuela de Comunidad Southside acuerdo con los procedimientos de La Escuela de Comunidad Southside. El propósito principal de la información del directorio es permitir que La Escuela de Comunidad Southside incluya este tipo de información de los registros educativos de su hijo en ciertas publicaciones escolares. Si no desea que La Escuela de Comunidad Southside divulgue la información del director de los registros educativos de su hijo/a sin su consentimiento previo por escrito, debe notificar a La Escuela de Comunidad Southside por escrito antes del primer día de inscripción del estudiante. La información del directorio incluye, pero no se limita a, el nombre del estudiante, la dirección, la lista de teléfonos, la dirección de correo electrónico, el nivel de grado, la participación en actividades y deportes oficialmente reconocidos, el premio o la colocación en competencias organizadas o apoyadas por la escuela, y la calificación acumulada y actual. promedio (en el caso de alumnos que califiquen para Reconocimiento Académico)



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 _____	
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 01-2020)



Arizona Department of Education
Office of English Language Acquisition Services

20__ - 20__ Parental Notification and Consent Form
For Student Placement in an English Learner Program

To the Parent/Guardian of _____

Last Name

First Name

M.I.

SSID

District Student ID

School

Grade

The English language proficiency of your student has been measured using the Arizona English Language Learner Assessment (AZELLA). The results of this assessment show that your student achieved an overall proficiency level of less than proficient, and therefore, qualifies for placement in an English learner program.

English learner (EL) programs adjust instruction to the student's strengths and needs. Instructional strategies, practices, and methods to help each student learn English and meet age appropriate academic standards are based upon scientific research. The expectations set for ELs are to fully transition into mainstream classes, meet appropriate academic achievement standards for grade promotion, and to graduate from high school at the same rate as mainstream students. The teachers of special education ELs will meet with the special education personnel to ensure that the objectives of the Individualized Education Program (IEP) are incorporated into classroom instruction.

The status of your student's academic achievement is: (circle one)
below grade level at grade level above grade level

Your student has been placed into the following English learner program (see the attached LEA program description as defined by A.R.S. § 15-751 through § 15-753):

- Structured English Immersion (SEI) Pull-Out Model
Structured English Immersion (SEI) Two-Hour Model
Structured English Immersion (SEI) Newcomer Model
50-50 Dual Language Immersion (DLI) Model
Bilingual with Waiver 1, 2, or 3 (Bilingual Parental Waiver Request Application is required)

A student must meet the following criteria on the AZELLA in order to achieve English language proficiency and exit the EL program: A proficient score on the reading and writing domain scores as well as a proficient score on the total combined score. A.R.S. § 15-756.05

Parents have the right to decline their student's placement in an EL program or to have their student withdrawn from an EL program at any time after a consultation. If you would like more information about instruction, the various programs, or need assistance in selecting a program, please contact your student's school administrator.

Signature of Classroom Teacher/Language Arts Teacher

Date

Signature of Parent/Guardian

Date

The Parental Notification and Consent Form must be provided no later than 30 calendar days after the beginning of each school year or within the first two weeks of placement in an EL program for students who enroll after the start of the school year. ESSA § 1112(e)(3)(A)(B)

This form should be placed in the student's cumulative folder. (Revised 05-2020)

Southside Community School

Name of Student _____

Date _____ Grade _____

Changes to Student Ethnic Codes in Accordance with Department of Education

Ethnicity

Is your child Hispanic or Latino? Yes ___ No ___

Race (choose one or more)

___ American Indian or Alaska Native (Tribal Name) _____

___ Asian

___ Black or African American

___ Native Hawaiian or Pacific Islander

___ White

*Definitions:

Ethnic and Racial Category Definitions

Hispanics or Latino: A person or Cuban, Mexican, Puerto Rican, South or Central American, or Other Spanish culture or origin, regardless of race. The term "Spanish Origin" can be used in addition to Hispanic.

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (Including Central America), and who maintains tribal 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. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

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.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____



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August 2023

Dear Parent/Guardian:

Children need healthy meals to learn. For school year 2023-2024, Southside Community School will be participating in the National School Lunch Program and the School Breakfast Program. As part of this program, Southside Community School will offer healthy meals every school day at NO COST to the students due to the implementation of the Community Eligibility Provision (CEP). Students will be able to participate in these meal programs without having to pay a fee or submit a household application.

No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay a fee or submit an application.

My family needs more help. Are there other programs we might apply for? To find out how to apply for Supplemental Nutrition Assistance Programs or other assistance benefits, contact your local assistance office or call 1-855-432-7587.

If you have other questions or need help, contact the front office at 520-623-7102.

Sincerely,

Melissa Costa
NSLP Director

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

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Esperanza para el Futuro***



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Agosto 2023

Estimado Padre/Tutor:

Los niños necesitan comida nutritiva para aprender. Para el año escolar 2023-2024, Southside Community School estará participando en el Programa Nacional de Almuerzo Escolar y el Programa de Desayuno Escolar. Como parte de este programa, Southside Community School ofrecerá comidas saludables todos los días escolares SIN COSTO alguno para los estudiantes. Esto es debido a la participación de la escuela en la Provisión de Elegibilidad Para la Comunidad (CEP). Los estudiantes podrán participar en estos programas de almuerzo escolar sin tener que pagar una cuota o tener que entregar una solicitud del hogar.

No se requiere ninguna acción adicional de usted. Su(s) hijo(s) podrá participar en estos programas de comidas sin tener que pagar o presentar una solicitud.

MI FAMILIA NECESITA MÁS AYUDA. HAY OTROS PROGRAMAS PARA LOS CUALES PODEMOS SOLICITAR BENEFICIOS? Para descubrir cómo aplicar para los programas de Asistencia de Nutrición Suplementaria u otros beneficios de asistencia, póngase en contacto con su oficina local de asistencia o llame al 1-855-432-7587.

Si usted tiene otras preguntas o necesita ayuda, llame al 520-623-7102.

Atentamente,

Melissa Costa
Directora de NSLP

De acuerdo con la ley federal de derechos civiles y el Departamento de Agricultura (USDA) reglamentos de derechos civiles y políticas, el USDA, sus Agencias, oficinas y empleados, y las instituciones que participan en o administran los programas del USDA de Estados Unidos tienen prohibido discriminar por motivos de raza, color, origen nacional, sexo, discapacidad, edad o represalia o venganza para actividades antes de los derechos civiles en cualquier programa o actividad llevada a cabo o financiada por el USDA.

Las personas con discapacidad que requieran medios alternativos de comunicación para la información del programa (por ejemplo, Braille, letra grande, cinta de audio, Lenguaje de Signos Americano, etc.) deben ponerse en contacto con la Agencia (estatal o local) donde solicitaron beneficios. Las personas sordas o con problemas de audición o discapacidades del habla pueden comunicarse con el USDA a través del Servicio de Retransmisión Federal al (800) 877-8339. Adicionalmente, la información del programa puede estar disponible en otros idiomas además del inglés.

Para presentar una queja de discriminación del programa, favor de completar el Formulario de USDA Queja de discriminación del Programa, AD-3027, que se encuentra en línea en http://www.ascr.usda.gov/complaint_filing_cust.html, y en cualquier oficina del USDA, o favor de escribir una carta dirigida USDA y favor de poner en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de queja, llame al (866) 632-9992. Envíe el formulario completado o una carta al USDA por: (1) correo: Departamento de Agricultura, Oficina del Secretario Adjunto de Derechos Civiles, 1400 Independence Avenue, SW, Washington, DC 20250-9410 EE.UU.; (2) Fax: (202) 690-7442; o (3) Correo Electrónico: program.intake@usda.gov.

Esta institución es un proveedor de igualdad de oportunidades.

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Permission for Verbal Release

Southside Community School will always send out written permission forms whenever students are leaving campus. In the event that a student forgets to return their form, the school may call to request verbal permission for a student to leave campus.

By giving verbal permission, I/we the undersigned request that my/our child/ward be permitted to participate in an event off campus. The specific event will be specified when the request for verbal permission is made.

I understand that by giving verbal permission, I am agreeing to the following:

Medical Release:

If emergency medical attention is necessary, I understand that every effort will be made to contact the parents or guardian of the participant. In the event that I cannot be reached, I hereby agree to have my son/daughter taken to the nearest medical facility and to have medical attention rendered as deemed necessary by the attending physician. I agree to accept full responsibility for any medical expense incurred.

Release of Claims Against Southside Community School

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in the above-identified activity. I understand that there are risks in my child's/ward's presence, transportation and participation in this school-sponsored program. I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, ARISING OUT OF OR CAUSED BY MY CHILD'S/WARD'S PRESENCE AND PARTICIPATION IN THIS ACTIVITY. I HEREBY RELEASE SOUTHSIDE COMMUNITY SCHOOL, AND ANY OF ITS AGENTS, EMPLOYEES, FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S INJURY THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN THIS ACTIVITY.

I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF ON BEHALF OF MY CHILD/WARD, AND SOUTHSIDE COMMUNITY SCHOOL AND I SIGN IT ON MY OWN FREE WILL.

Child/ Student: _____

Parent/Guardian Signature: _____ Date: _____

Please print name: _____



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HEALTH OFFICE GUIDELINES

Dear Southside Community School Primary Parents/Guardians:

To maintain the health and safety of all students, the following guidelines are used to assess medical needs of students who report illness or injury to the Office. It is crucial that Southside Community school office has current, accessible contact phone numbers for all parents/guardians. For notify you if your student experiences illness, injury, or health emergency during the school day. Should your student require to be picked up, and you are unavailable, alternative arrangements must be made for an emergency contact person to retrieve the student. Ill, injured students should be picked up within one hour of contacting the parent/guardian/emergency contact person.

Emergency situations/ 911 called for student assessment/transportation:

For the following incidents depending on severity 911 will be called to assess and transport if needed.

Allergic reactions/anaphylaxis/ respiratory emergency: If a student experiences any form of respiratory difficulty, the parent/guardian will be contacted, and the student will be transported to a medical facility immediately.

Diabetes: Parents/guardians of diabetic students who is either in a hyperglycemic or hypoglycemic episode.

Head trauma: All head traumas will be reported to the parent/guardian immediately. Depending on severity of the trauma if the student is NOT conscious, alert, or oriented and not acting normally.

Other Life-threatening conditions: Sever bleeding, gross mental status change, seizures, mass deformity, shock etc.

General illness/Injuries: Not Allowed on Campus

If your students have any of the following illnesses/injury they are **NOT** allowed on campus until illness is non symptomatic/or with a doctor's note:

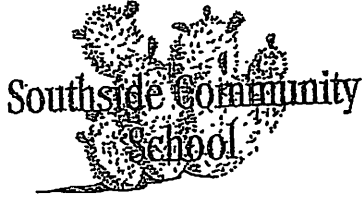
COVID: students may not return to campus until they have been tested negative, non-symptomatic and quarantined or 14 days.

Fever: Any student who experiences a fever of 99.5° or higher will be sent home. A student sent home with a fever may return to school only after he/she has been fever free for 24 hours (without the aid of fever-reducing medication).

Vomiting and or Diarrhea: Students who are sent home due to vomiting or diarrhea may not return to school until they have been symptom free for 24 hours.

Any Contagious infection/illness: Any contagious bacterial, virus or fungal infection examples: Pink eye, Ringworm, Head lice, Scabies, etc. Students must be sign and symptom free and may need to be evaluated by staff before return to class. Families have maximum of 3 school days to treat any of the above.

Draining wounds: Students with draining wounds that cannot be covered with appropriate bandages are not permitted to attend school until the wound is healed.



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Health Office Treatment:

As we are continuing to develop and expand our health office it is important to note that we DO NOT have a certified nurse on site or for oversight. Our health office is equipped for basic health needs that can be addressed by basic first aid and care for minor illness. The health office coordinator and many of the staff have been trained in first aid and CPR and are certified through the American Heart Association.

What SCS health office can provide for your child:

Minor wound care and bandaging.

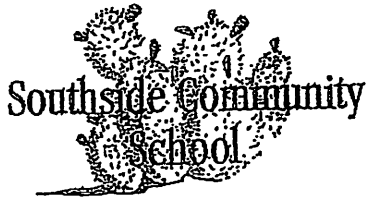
Minor control of bleeding (i.e. nose bleeds, scrapes, cuts)

Minor control/ treatment of injury and illness (ice packs, prescribed medications, pain relief and care for eye irritation, removal of visible splinters etc.).

Observation, reporting and monitoring and basic treatment of students with non-emergent head trauma, diabetic care, and or other conditions that are reported to the school and in the scope of practice of the health office.

Prescriptions and over-the-counter medication: Parents will need to sign a medication consent form. If the medication is a prescription, it must be provided with a medical professional note. Any other over the counter medication must be in its original container.

If you have questions or concerns regarding the health office, please contact the front office:



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HEALTH OFFICE GUIDELINES

Please sign and return this form to the school office.

I have read and understand the Office guidelines for Southside Community School.

Student Name (Please Print): _____ Grade: _____

Parent Name (Please Print): _____

Parent Signature: _____ Date: _____

Southside Community School McKinney-Vento Intake Affidavit

Student's Name: _____ ID# _____
 Date of Birth: _____ Age: _____ Grade: _____ Sex: _____
 Parent/Guardian Name(s): _____
 Phone number(s): _____
 Address: _____

Siblings of student:

Name	School
_____	_____
_____	_____
_____	_____

Please answer the following questions:

1. Is this student's home address a temporary living arrangement? Yes No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? Yes No
3. Is this student in temporary or emergency foster care placement? Yes No
4. As a student, are you living with someone other than your parent or legal guardian? Yes No

If you answered YES to any of the above questions, please complete the remainder of this form.
 If you answered NO to all of the above questions, you may stop here.

1. Where is this student currently living? (check box)

- In a motel/hotel- Name of motel/hotel: _____
- In a shelter- Name of shelter: _____
- Transitional Housing- Name of transitional housing: _____
- Group Home- Name of group home: _____
- Temporary/emergency foster home
- With more than one family in a house or apartment
- Moving from place to place
- In a location not designed for sleeping accommodations such as a car, park, or campsite

2. How long have you lived at this residence? _____

3. How long do you plan to live at this residence? _____

4. With whom does the student currently live: (check box)

- Both parents
- One parent- Which parent? _____
- One parent and another adult- Which parent? _____
- A relative- Specify which (e.g. grandmother) _____
- Friends or other adults- please identify _____
- An adult who is not a parent or legal guardian- please identify _____

5. Describe the current living situation in detail:

6. Any possibility of violence or abuse in home? If so, describe. What were the school's actions?

7. In your child's previous school, did he/she receive any of the following? *(check all that apply)*

- Special Education/Exceptional Children's Services- Describe: _____
- 504 Accommodation Plan- Describe: _____
- English As a Second Language (ESL) services
- Help for Behavior Improvement
- Tutoring Services
- Academically or Intellectually Gifted services
- Counseling services

8. At this time, what is the greatest need for your child? *(check all that apply)*

- School supplies
- School uniform or clothing
- Help for academic improvement
- Help for behavior improvement
- Referral for food assistance
- Medical referral/immunizations
- Mental health/counseling referral
- Transportation
- Other- Please describe: _____

My signature below affirms the information I have provided on this form is true and accurate to the best of my knowledge or belief.

Parent/Guardian Signature (Or Unaccompanied Youth):

Date: _____

McKinney-Vento School Liaison Signature:

Date: _____



Arizona Department of Education
Arizona Residency Documentation Form

Student _____ School _____

School District or Charter Holder _____

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)

___ 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.



State of Arizona
Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

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
