



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
Work: (520) 623-7102
Fax: (520) 623-7125

The student named below recently enrolled in our school. We would appreciate it 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 the following:

Official transcripts
Key to your grading systems
Health/Immunization records
Attendance records
Achievement test scores
SPED documents (IEPs)
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 information
State assessment results
Discipline records

Parent Signature: _____

Name: _____ Birthdate: _____ Grade: _____

To maintain the health and safety for 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 if 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 an ill or injured student must be picked up within one hour of contact in 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 NUMBER WHO WILL BE RESPONSIBLE IF YOUR STUDENT IS SENT HOME. PLEASE NOTIFY THE SCHOOL OF ANY CHANGES ON THIS CONTACT INFORMATION.

Name	Phone Number	Relation to student

Name of the Doctor	Phone Number	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 the insurance coverage responsibility of Southside Community School.

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Name of the Student: _____

HEALTH CONDITIONS, INJURY, OR ILLNESS (OPTIONAL)

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

- Vision problems: Glasses/Contacts/Other: _____
- Hearing problems: Hearing Aids Yes No
- 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: Medication taken _____
- Other: _____
- Skin condition
- Diabetes (*see below*)***
- Heart condition (*see below*)***
- Asthma
- Orthopedic issues
- Other developmental disabilities
- Tourette's Syndrome

Please explain any checked items from above.

Does your child's condition, illness, or injury affect school attendance or participation in P.E. class?

ONLY FILL OUT THE SECTION 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 the health office.*

Severe allergic reaction, food related: Allergic to _____

Severe allergic reaction, non-food related: Allergic to _____

Other severe allergies affecting school: _____

Severe asthma or other respiratory, *regularly takes medication for asthmatic conditions or hospitalized within the 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 child by the health office or school staff using standard protocols. Please check all that apply.

- Neosporin or triple antibiotic ointment applied if needed on cuts, scrapes, etc.
- Vaseline for dry or chapped lip 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 has more than 1 hour response time for temperature greater than 101 degrees Fahrenheit.
- Calamine lotion for mild itching relief.
- Throat lozenge, non-medicated.

FOR EMERGENCY SITUATIONS

I give consent for the school to give my child Benadryl for allergic reactions with hives, rash, or onset of swelling to any part of the body due to a stink, bite, or ingestion. Yes No

MEDICATION

All prescription medications must have a current date, name of the student, and accurate dosing information for it to be given at the 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 arises 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.

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Name of the Student: _____



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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:

Name of the student: _____

School: Southside Community School

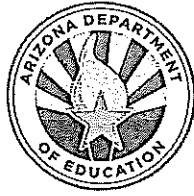
Grade Level: _____

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.

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

The Family Education 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 directory 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 sports, 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).



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 05-2023)



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: (check one, if applicable)
_____ below grade level _____ at grade level _____ above grade level

Based on the (check one) _____ Preliminary Placement Test or _____ Spring Reassessment, the Student's Overall Proficiency Level is: (check one) _____ Pre-Emergent/Emergent _____ Basic _____ Basic/Intermediate _____ Intermediate

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
_____ Bilingual with Waiver 1, 2, or 3 (Bilingual Parental Waiver Request Application is required)

For a student to be considered proficient on the AZELLA, he/she must obtain the minimum total proficiency scale score as set by the Arizona Department of Education and perform at the intermediate level or above on each of the four domains.

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 07-2023)

Changes to Student Ethnic Codes in Accordance with Department of Education

Name of Student: _____

Grade: _____

Date: _____

ETHNICITY

Is your child Hispanic or Latino?

Yes

No

Race (*choose one or more*)

___ American Indian or Alaska Native, Enter Tribal Name: _____

___ Asian

___ Black or African American

___ Native Hawaiian or Pacific Islander

___ White

DEFINITIONS

Ethnic and Racial Category Definitions

Hispanic or Latino: A person of 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.

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____



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Permission for Verbal Release

Southside Community School will always send out written permission forms whenever students are leaving campus. If 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. If 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.

Print Student Name: _____

Print Parent Name: _____

Parent/Guardian Signature: _____ Date: _____



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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 the 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 to 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 or 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 are 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.

NOT ALLOWED ON CAMPUS

General Illness/Injuries:

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

COVID: The student must stay home for five days after the symptoms start. They may return to school after being non-symptomatic and wear masks for five 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 they have been fever-free for 24 hours (without the aid of fever-reducing medication).

Vomiting and or Diarrhea: Any student who is 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:

For any contagious bacterial, virus, or fungal infections like pink eye, ringworm, head lice, scabies, etc., the student must be sign and symptom-free and may need to be evaluated by staff before returning to class. *Families have a maximum of 3 school days to treat any of the above.*

Draining wounds: For any student with draining wounds that cannot be covered with appropriate bandages is 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 illnesses. The health office aide and many of the staff have been trained in first aid and CPR and are certified through the American Heart Association.

The following is what the 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, 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 and ask to speak to Ms. Lindsay or email her at lmontano@scstucson.org.



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HEALTH OFFICE GUIDELINES

Please sign and return this form to the school office.

I have read and understand the Health 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: _____
Number and Street Name City, State Zip Code

Siblings of student:

Name	School
_____	_____
_____	_____
_____	_____

Please answer the following questions (**OPTIONAL**):

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

If you answered yes to any of the above questions, please complete the remainder of this form.

If you answered no to all the above questions, you may stop here.

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

- Both parents.
- One parent. Which parent? _____
- One parent and another adult. Which parent? _____
- A relative. Specify which (e.g. grandmother, etc.): _____
- 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 the home? If so, describe. What were the school's actions?

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

- Special Education/Exception 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. Currently, what is the greatest need for your child? *(Please 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: _____



Departamento de Educación de Arizona

Formulario de Documentación de Residencia en Arizona

Nombre del Estudiante: _____ Nombre de Escuela: SOUTHSIDE COMMUNITY SCHOOL

Distrito Escolar o Escuela Chárter: APRENDER

Padre/Tutor Legal: _____

Como el padre del estudiante o representante 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



State of Arizona

Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: SOUTHSIDE COMMUNITY SCHOOL

School District or Charter Holder: APRENDER

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)
- _____ 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

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