

SAN PEDRO VALLEY ONLINE ACADEMY

Registration Packet Checklist

Welcome!

To begin the registration process, we will need the following documents:

- ____ 1. **If enrolling from another Arizona School, we MUST HAVE a withdrawal form from the school.**
- ____ 2. **Copy of Student's Birth Certificate- Mandatory for Enrollment**
- ____ 3. **Copy of Immunization Records (all shots current) or Waiver – Mandatory**
- ____ 4. **Guardianship Documents/Custodial Agreements – If Applicable**
- ____ 5. **Copy of Official Transcripts from last school attended**
- ____ 6. **Two proofs of Residency- Mortgage or Rental Agreement; Utility bill (water, gas, electric). Proof of Residency **must** show current address along with parent/legal guardian's name.**

Please fill out/sign and return the following provided documents:

- ____ 6. **Records Release Form**
- ____ 7. **Student Enrollment Form**
- ____ 8. **Student Emergency/Student Health History Form**
- ____ 9. **Record of Access Form**
- ____ 10. **Home Language Survey/PHLOTE**
- ____ 11. **Photo Release Form**
- ____ 12. **Learning Coach Enrollment Form**

Once all above items are completed, please call Mrs. Rodriguez at 720-6726 or 720-6728 to schedule an intake interview with Mr. Connet, the principal; both student and parent/guardian must attend the intake interview.

BENSON UNIFIED SCHOOL DISTRICT
STUDENT RECORDS REQUEST

INFORMATION TO BE RELEASED FROM:

School or Agency: _____ CTDS #: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

INFORMATION TO BE RELEASED FOR:

Student's Name _____ D.O.B. _____ Grade _____

Student ID #: _____ Student SAIS # (AZ schools only): _____

INFORMATION TO BE RELEASED:

- | | | |
|--|--|---|
| <input type="checkbox"/> Transcript/Final Grades | <input type="checkbox"/> Immunization Records | <i>If Applicable...</i> |
| <input type="checkbox"/> Withdrawal Form | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Special Education Records |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> State Assessments | <input type="checkbox"/> Gifted Records |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Achievement Test Scores | <input type="checkbox"/> English Language Learner Records |
| <input type="checkbox"/> Health/Medical Records | <input type="checkbox"/> Other _____ | |

INSTRUCTIONS: Fax or email all requested information to the number/address below. Also, for students grades 9-12, mail official transcript to: **360 S. Patagonia, St., Benson, AZ 85602**

Benson Primary School (Pre K-4)
Attn: Barbara Furnas
Phone: 520.720.6750 Fax: 520.720.6708
Email: bfurnas@bensonsd.k12.az.us

San Pedro Valley High School (9-12)
Attn: Nanette Rodriguez
Phone: 520.720.6726 Fax: 520.720.6702
Email: nrodriguez@bensonsd.k12.az.us

Benson Middle School (5-8)
Attn: Mary Butler
Phone: 520.720.6802 Fax: 520.720.6709
Email: mbutler@bensonsd.k12.az.us

San Pedro Valley Online Academy (6-12)
Attn: Nanette Rodriguez
Phone: 520.720.6728 Fax: 520.720.6702
Email: nrodriguez@bensonsd.k12.az.us

Benson High School (9-12)
Attn: Maya Comaduran
Phone: 520.720.6840 Fax: 520.720.6710
Email: mcomaduran@bensonsd.k12.az.us

PLEASE NOTE: Arizona School Districts are required to request records within 5 days of enrollment and to send student records within 10 days after receiving a request. Schools may not withhold responding to the request due to a financial obligation owed by the pupil or his/her parents as defined in A.R.S. §15-828-F.

Signature: _____

Print Name: _____

- School Official Parent/Guardian/Eligible Student

1st Request _____

2nd Request _____

3rd Request _____

BENSON UNIFIED SCHOOL DISTRICT
STUDENT EMERGENCY FORM

STUDENT INFORMATION

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

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

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

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

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

If yes, send to: _____

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

Non-custodial Parent Name

ANNUAL HEALTH UPDATE

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

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

Does your child take medication on regular basis? YES NO

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

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

Tylenol Ibuprofen Benadryl

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

CONSENT FOR EMERGENCY TREATMENT

In the event that parents/guardians cannot be reached, we are asking you to indicate below whether you grant consent for Benson Schools to obtain emergency care for your child in your absence. As the parent/guardian of the above named student, I hereby grant permission for Benson Schools to obtain emergency treatment as necessary. YES NO

FIELD TRIP PERMISSION

As the parent/guardian of the above named student, I hereby grant permission for my child to go to school-sponsored events such as field trips, walking tours...etc., during the school year. I understand that I may revoke this permission at any time, at my discretion. I will give notice as such to the school. It will be my child's responsibility to bring home any notices of trips from the teacher/school. YES NO

SIBLINGS ATTENDING BENSON UNIFIED SCHOOL DISTRICT (Name & Grade)

I certify that the information on this card is correct:

Parent/Guardian Signature	Date
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MOTHER/GUARDIAN

Name
Home #
Cell #
Employer
Work #
Email

FATHER/GUARDIAN

Name
Home #
Cell #
Employer
Work #
Email

CARE PROVIDER (if applicable)

Name
Home #
Cell #

Address

EMERGENCY CONTACTS

Name
Home #
Cell #

Relationship to Student

Name
Home #
Cell #

Relationship to Student

Name
Home #
Cell #

Relationship to Student

HIGH SCHOOL STUDENTS ONLY

Permission granted for my child to meet with military recruiters?

YES NO

**BENSON PUBLIC SCHOOLS
STUDENT HEALTH HISTORY**

STUDENT'S NAME: _____ **BIRTHDATE:** _____

Has your child ever had the following?:		No	Yes			No	Yes
Chickenpox?	<input type="checkbox"/>	<input type="checkbox"/>		Fainting Spells?	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps?	<input type="checkbox"/>	<input type="checkbox"/>		Convulsions or Seizures?	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>		Frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	
Meningitis?	<input type="checkbox"/>	<input type="checkbox"/>		Scarlet/Rheumatic Fever?	<input type="checkbox"/>	<input type="checkbox"/>	
High Fever (>105?)	<input type="checkbox"/>	<input type="checkbox"/>		Frequent nosebleeds?	<input type="checkbox"/>	<input type="checkbox"/>	
Head injury?	<input type="checkbox"/>	<input type="checkbox"/>					

Has your child ever been hospitalized? (circle one) yes/no If yes, please explain when and why. _____

Does your child have any of the following?:

	No	Yes	Medication?	Specify what kind
a. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Heart problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Bleeding problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Sore joints/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Hyperactivity disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Physical handicap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Other chronic problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Does your child have:	No	Yes	Wears: Glasses/Contacts		Needs Glasses
Vision Problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Problems?	<input type="checkbox"/>	<input type="checkbox"/>			

I have read and completed the above information to the best of my knowledge.

Parent/Guardian Signature

Date



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

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

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

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

In SAIS, please indicate the student's home or primary language.



Benson Unified School District Publication Consent Form

During the school year our students are sometimes involved in classes, projects and events which attract attention. At such times we may wish to publish photographs or videos of students and copies of their work in newsletters, on our website, in newspapers or in other media.

We take pride in our students and their accomplishments and know how motivating public recognition can be. At the same time, we take the issue of child safety quite seriously and respect the right of parents to decide whether or not their child's accomplishment may be shared with the public.

Please complete the form below to grant or deny permission to use your child's name, picture and work in district, school or local publications, videos and other media. Your permission or denial of permission will be continued throughout your student's career in the Benson Unified School District unless you resubmit this form, changing the publication status for your child.

Student Name (please print): _____

Date: _____ School: _____ Grade: _____

Please check ONE box, sign and return to the main office at your child's school:

- I **GRANT** permission for BUSD to use my child's name, photographic image and work in publications, websites, videos and other media. I understand that no remuneration will be received for such.
- I **DO NOT GRANT** permission for BUSD to use my child's name, photographic image and work in publications, websites, videos and other media.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____



San Pedro Valley Online Academy

197 East 7th Street, Benson AZ 85602
Phone: (520) 720-6726, Fax: (520) 586-6189
www.bensonsd.k12.az.us/spvoa

Learning Coach Enrollment Form

All San Pedro Valley Online Academy (SPVOA) students *aged 17 and under* must have a learning coach. This is a requirement of enrollment.

What is a learning coach?

An adult who facilitates progress through daily lessons (for students in grades 5-8).

An adult who plays a supportive role to help the student stay on task (for high school students).

Who is the learning coach?

A learning coach is typically the parent. But it can be any adult with which the student has daily contact.

What are the responsibilities of a learning coach?

- Facilitate progress through daily lessons
- Help student stay on task
- Ensure student logs in and works on classes at least 5 days a week
- Ensure student meets minimum logged hours each day and week
- Enter daily attendance (for grades 5-8 students only) through online school system
- Signs daily attendance log (for students in grades 9-12)
- Keeps open lines of communication between home and teachers

Student Name: _____

Grade: _____

Learning Coach's name (printed): _____

Learning Coach's email address (printed): _____

Read and sign that you agree to the following: As the learning coach for the above named student, I understand my role and responsibilities.

Signature of Learning Coach: _____