

## REGISTRATION PACKET INFORMATION SHEET

<http://www.liberty.k12.az.us>

Estrella Mountain Elementary School	Freedom Elementary School	Las Brisas Academy	Liberty Elementary School	Rainbow Valley Elementary School	Westar Elementary School
10301 S. San Miguel Goodyear, AZ 85338  Mon, Tues, Thurs, Fri 7:40 AM – 2:40 PM Wed 7:40 AM – 1:40 PM	22150 W. Sundance Pkwy South Buckeye, AZ 85326  Mon, Tues, Thurs, Fri 8:30 AM – 3:30 PM Wed 8:30 AM – 2:30 PM	18211 W. Las Brisas Dr. Goodyear, AZ 85338  Mon, Tues, Thurs, Fri 9:15 AM – 4:15 PM Wed 9:15 AM – 3:15 PM	19818 W. Highway 85 Buckeye, AZ 85326  Mon, Tues, Thurs, Fri 7:30 AM – 2:30 PM Wed 7:30 AM – 1:30 PM	19716 W. Narramore Road Buckeye, AZ 85326  Mon, Tues, Thurs, Fri 8:30 AM – 3:30 PM Wed 8:30 AM – 2:30 PM	17777 W. Westar Dr. Goodyear, AZ 85338  Mon, Tues, Thurs, Fri 7:40 AM – 2:40 PM Wed 7:40 AM – 1:40 PM
Office: (623) 327-2820 Fax: (623) 327-2829	Office: (623) 327-2850 Fax: (623) 327-2859	Office: (623) 327-2860 Fax: (623) 327-2869	Office: (623) 327-2810 Fax: (623) 327-2819	Office: (623) 327-2830 Fax: (623) 327-2839	Office: (623) 327-2840 Fax: (623) 327-2849
<b>Mrs. Sharon Marine</b> Principal	<b>Ms. Cynthia Robinson</b> Principal	<b>Mr. Matt Flagg</b> Principal	<b>Ms. Jennifer Gray</b> Principal	<b>Dr. Terri Matteson</b> Principal	<b>Mr. Dave Bogart</b> Principal

REGISTRATION – <i>Must Provide</i>	ARIZONA REVISED STATUTE
Certified copy of birth certificate	ARS 15-828 Section A
Immunization Records (Please note...your child will not be allowed to attend school if their immunizations are not up to date.)	ARS 15-872 Section B
One proof of residency	Governing Board Policy JFAA
Withdrawal form if coming from a school district within Arizona	ARS 15-827 Section A

### PICKING UP YOUR CHILD

Help us keep your child safe! Only those adults listed on your child(ren)'s CAN PICK UP list will be allowed to sign a child out of school. All adults will be required to provide photo ID to release the child. To change your child(ren)'s Can Pick Up List, please contact your child's front office.

### VISITORS

Please sign in at our office. A visitor badge will be provided. This helps us keep track of visitors to our campus and assists with the safety of our students. Please do not forget to bring a photo ID to verify your identity.

### ATTENDANCE INFORMATION

According to *Arizona Revised Statute 15-807 Section B*, a parent or guardian is obligated to notify the school if his/her child will be absent. Please call the school's attendance line below whenever your child will be absent.

Estrella Mountain	Freedom	Las Brisas	Liberty	Rainbow Valley	Westar
623-327-2828	623-327-2858	623-327-2868	623-327-2818	623-327-2838	623-327-2848

According to *Arizona Department of Education Guideline EX-1*, student absences are not to exceed 10% of the instructional days (a total of 18 days). A parent/guardian can be cited if his/her student's absences are excessive.

Liberty Elementary School District is required by *Arizona Revised Statute 15-901(6)(b)(ii)* to calculate attendance based on how many minutes of instructional time a child receives each day. The cutoff times for absences vary by grade level, day of the week and campus. Please check our district website @ [www.liberty.k12.az.us](http://www.liberty.k12.az.us) for information regarding absence cutoff times.

### REGISTER TO VOTE!

Are you registered to vote? If not, please support your child(ren)'s school by registering to vote. Please go to <http://recorder.maricopa.gov/web/elections.aspx> for information on registering to vote.

### PARENT PORTAL

If you would like to keep track of your child's grades and attendance, please register for a parent portal account. Your child's school office can provide you with information regarding a parent portal account. The website for accessing the portal is <http://campus.liberty.k12.az.us/campus/portal/liberty.jsp> Grade information is not posted on the portal for students in K-1<sup>st</sup> grades.

Please see other side for additional information

**EXTENDED DAY PROGRAM**

L.E.A.P. Liberty Enrichment Academic Program, before and after school structured care 623-474-6623

Child Breakfast/Lunch is \$1.00/\$2.25 per day                      Adult Lunch is \$3.40 per meal

Cash or check will be accepted for lunch. Make checks payable to your child's school. Money will be credited into your child's account. If your child's account drops below zero, you will receive an automated phone call. If your child's lunch balance drops below \$10.00, your child will receive an alternate meal until the balance is paid in full.

**TRANSPORTATION SERVICES**

Direct phone line (623) 474-6645. Please call this number for bus pickup/drop-off times and locations.

**SPECIAL SERVICES**

Direct phone line (623) 474-6671. Please call for questions regarding Special Services including pre-school screening appointments.

**CHANGE OF INFORMATION**

Please contact your child's office if your address or phone number changes. It is important that we have current contact information for you in case of an emergency.

If your address has changed and you've moved out of the district, please inquire about open enrollment.

Please see other side for additional information

**LIBERTY SCHOOL DISTRICT #25**

19871 W. Fremont Road; Buckeye, AZ 85326

 ESTRELLA MOUNTAIN  FREEDOM  LAS BRISAS  LIBERTY  RAINBOW VALLEY  WESTAR  OPEN ENROLLMENT**STUDENT INFORMATION – Please Print**

Student Legal Last Name (as appears on birth cert.)		Student Legal First Name		Middle Name	Nickname	Grade
Residence/Physical Address		City/State		Zip	Home Phone Number ( ) -	
<b>Hispanic/Latino</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race</b> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander					
Country of Birth:	If US, City & State of Birth:	Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		School of Residence	

**PARENT/GUARDIAN INFORMATION – Please Print**

Mother's Name		e-mail Address		Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Living with Child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Work Number ( ) -	Cell Number ( ) -		Can Pick Up? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Father's Name		e-mail Address		Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Living with Child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Work Number ( ) -	Cell Number ( ) -		Can Pick Up? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal Guardian/Step-parent's Name		e-mail Address		Custody/Court Documents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Work Number ( ) -	Cell Number ( ) -		Can Pick Up? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the primary language used in the home regardless of the language spoken by the student? _____		What is the language most often spoken by the student? _____		What is the language that the student first acquired? _____	

**EMERGENCY CONTACT INFORMATION – Please Print***Person(s) to contact other than parent if child becomes ill or injured. They must be at least 18 years old.*

Name:	Telephone:	Relationship:	Can Pick Up? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Telephone:	Relationship:	Can Pick Up? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Telephone:	Relationship:	Can Pick Up? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PREVIOUS SCHOOL INFORMATION – Please Print**

Last School Attended	School Address	City/State/Zip	Last Grade Attended
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**HAS THE STUDENT PREVIOUSLY BEEN ENROLLED IN THE FOLLOWING PROGRAMS?**

<input type="checkbox"/> Speech	<input type="checkbox"/> ELL	<input type="checkbox"/> Special Ed	<input type="checkbox"/> Migrant	Title I: <input type="checkbox"/> Reading <input type="checkbox"/> Language	<input type="checkbox"/> Math	<input type="checkbox"/> Gifted	<input type="checkbox"/> OT <input type="checkbox"/> PT	<input type="checkbox"/> Other
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Signature of Parent/Guardian	Date
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**FOR OFFICE USE ONLY**

Entered in SIS Date	Start Date	Boundary Verified	ID #	SAIS #	Previous School CTDS	Previous Student ID#

## STUDENT HEALTH INFORMATION FORM

<b>STUDENT INFORMATION – Please Print</b>			
<b>Student Name</b>	<b>Grade</b>	<b>Teacher</b>	<b>Home Phone</b>
<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>HEALTH INFORMATION – Please Print</b>		
<b>Yes</b>	<b>No</b>	<b>Is there any medical/physical condition(s) that may hinder your child’s physical or academic performance?</b>
<b>Please Explain:</b>		
<b>Yes</b>	<b>No</b>	<b>Is your child on any long-term medications?</b>
<b>Please list name of medication(s):</b>		
<b>Yes</b>	<b>No</b>	<b>Does your child have any known problems with the following:</b>
		<b>Vision</b>
		<b>Hearing</b>
<b>Please explain:</b>		
<b>List any allergies your child may have:</b>		
<b>A staff member will administer medications under the authority of the principal(s). Please mark all medications your child may or may not be given at school:</b>		
<b>Yes</b>	<b>No</b>	<b>Description of Medication</b>
		Tylenol (age/size appropriate dose) for headaches, menstrual cramps or fever above 99.9F
		Ibuprofen (age/size appropriate dose) for headaches, menstrual cramps or fever above 99.9F
		Cough drops
		Calamine lotion for insect bites and rashes
		Aloe Vera for sunburn, minor burns

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby grant Liberty Elementary School District staff and/or medical team (911) permission to take my child to:			
Doctor Name		Office Number	
Doctor’s Address			
Insurance Co.			Insurance ID#
Insurance Group #			Insurance Phone #
or the nearest Emergency Center for treatment in the event I (Parent/Legal Guardian) <b><u>CANNOT</u></b> be reached. It is understood by me, that the expense of this service will be accepted by me. It is also understood that if the circumstance allows, the staff will try to reach the parents/legal guardian or other emergency persons listed before arranging transportation to an emergency facility.			

**Parent/Legal 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 \_\_\_\_\_

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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.



Estado de Arizona  
Departamento de Educación  
Servicios de Aprendizaje del Inglés

**Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)**  
**Encuesta sobre el Idioma en el Hogar**  
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. **¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?** \_\_\_\_\_
2. **¿Cuál idioma habla el estudiante con mayor frecuencia?** \_\_\_\_\_
3. **¿Cuál fue el primer idioma que aprendió el estudiante?** \_\_\_\_\_

Nombre del estudiante \_\_\_\_\_ Núm. de identificación \_\_\_\_\_

Fecha de nacimiento \_\_\_\_\_ Núm. de SAIS \_\_\_\_\_

Firma del padre o tutor \_\_\_\_\_ Fecha \_\_\_\_\_

Distrito o Charter \_\_\_\_\_

Escuela \_\_\_\_\_

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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.

## PROOF OF RESIDENCY QUESTIONNAIRE

Student \_\_\_\_\_ School \_\_\_\_\_

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 U.S. passport
- \_\_\_ 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 or other identification issued by a recognized Indian tribe that contains an Arizona address
- \_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

The following questions are intended to address the McKinney Vento Act 42 U.S.C 11435.				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is your current address a temporary living arrangement?
<p><i>**If you answered "YES", please complete the following questions.</i></p> <p><i>**If you answered "NO", please skip the following questions.</i></p>				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is this temporary living arrangement due to the loss of housing or economic hardship?
Where is the student currently living?				
In a motel				
In a shelter				
Moving from place to place				
Sharing housing with other families or individuals because of loss of housing				
In a place not designed for ordinary sleeping accommodations, such as a car, park, or campsite				

**By signing below, I swear/affirm that the above information is accurate and that I do reside within district boundaries.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Liberty Elementary School District #25**  
**19871 W Fremont Rd**  
**Buckeye, AZ 85326**

**MIGRANT PROGRAM**

1. **Have you worked in agriculture-related jobs (such as field work, fruit or vegetable packing companies, or dairies) in the last three years?**

Yes \_\_\_\_\_ No \_\_\_\_\_

¿Ha trabajado usted en el campo de la agricultura, en la cosecha, empackado de frutas y verduras, o lecherias en los ultimos tres años?

Si \_\_\_\_\_ No \_\_\_\_\_

2. **In the last three years, have you recently moved with your family from another city, state, Mexico or Canada to work in the fields, packing companies, or dairies?**

Yes \_\_\_\_\_ No \_\_\_\_\_

En los ultimos tres años, ¿Se ha mudado usted recientemente con su familia de otra ciudad, estado, un otro pais, Mexico o Canada para trabajar en el campo, cosechas, empacadoras, o lecherias?

Si \_\_\_\_\_ No \_\_\_\_\_

3. **In the last three years, have you left the school district with your family to go to work in the fields, packing companies, or dairies?**

Yes \_\_\_\_\_ No \_\_\_\_\_

En los ultimos tres años, ¿Ha salido usted de este distrito escolar con su familia para trabajar en el campo, cosechas, empacadoras, o lecherias?

Si \_\_\_\_\_ No \_\_\_\_\_

If you answered, **YES**, to any of these questions, your child/children may be eligible for services through the Migrant Program. You will be contacted to set up an interview with the District Office.

Si ha marcado, **SI**, en una de las preguntas es posible que sus hijos califiquen para Servicios del Programa Migrante. El Distrito Escolar de Liberty se comunicara con usted para hacer una entrevista.z

\_\_\_\_\_  
Student's Name  
Nombre del Estudiante

\_\_\_\_\_  
School  
Escuela

\_\_\_\_\_  
Name of Parents/Guardians  
Nombre de Padres/Tutores

\_\_\_\_\_  
Parents/Guardians Signature  
Firma de Padres/Tutores

\_\_\_\_\_  
Address  
Domicilio

\_\_\_\_\_  
Telephone Number  
Numero de Telefono