



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional comments:	
Other special instructions:	

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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New Student Enrollment Form – PART 1

REV 01/28/23

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Student's Middle Name	Jr, III, IV, etc	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
What language would you prefer school-to-home communication? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		Date of Birth (MM/DD/YYYY)	Age	Birth City	Birth State
Birth Country					
Ethnicity: (CHECK ONE) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NOT Hispanic/Latino		Race: (Check ONE or MORE, regardless of ethnicity) <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> *American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
*If American Indian or Alaska Native, list Tribe Affiliation:		Tribal Affiliation Documents: <input type="checkbox"/> CDIB (Certificate Degree of Indian Blood) <input type="checkbox"/> 506 (must include enrollment number)		Is the student's address on the Gila River Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Student's Primary Home Address (REQUIRED):		City	State	Zip	
Student's Mailing Address (if different from Home Address)		City	State	Zip	
Primary Phone Number (REQUIRED): <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Secondary Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			

PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION

Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father			
Last Name, First Name (as it appears on Driver's License)		Email Address			
Date of Birth (MM/DD/YYYY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Home Address, City, ST Zip <input type="checkbox"/> Same as Student			
Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Military Status(Optional): <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired Branch: _____					
Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father			
Last Name, First Name (as it appears on Driver's License)		Email Address			
Date of Birth (MM/DD/YYYY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Home Address, City, ST Zip <input type="checkbox"/> Same as Student			
Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Military Status(Optional): <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired Branch: _____					
Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father			
Last Name, First Name (as it appears on Driver's License)		Email Address			
Date of Birth (MM/DD/YYYY)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Home Address, City, ST Zip <input type="checkbox"/> Same as Student			
Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Military Status(Optional): <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired Branch: _____					

LIST SIBLINGS ATTENDING ANY SCHOOL WITHIN LAVEEN DISTRICT

Last Name, First Name	School	Grade
Last Name, First Name	School	Grade
Last Name, First Name	School	Grade

OTHER STUDENT INFORMATION

Name of Previous School and District Attended:	Withdrawal Date (MM/DD/YYYY)	Previous School (City, ST, Zip, Phone, Email)	Has your child been identified for Gifted Services? <input type="checkbox"/> No <input type="checkbox"/> Yes
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I hereby certify that I am the child's parent or legal guardian and that the information I have given above is true and correct to the best of my knowledge and belief and hereby authorize the release of academic, health, behavioral, and psychological records for the above child. Also, that by providing my cell phone number and email address I'm opting into school notifications. I understand it is my responsibility to notify the school in writing of any changes and that I may unsubscribe from non-critical school notifications at any time during the school year.

Parent/Guardian Signature:

Date:

SCHOOL OFFICE USE ONLY

Proof of Residency:	Immunization: Yes <input type="checkbox"/> Exempt	Birth/Name Verification:	CTDS: 07-04-59	School #:	State ID#:
Start (Enter) Date	Date Entered in SIS	Enter Code	Grade	Teacher	School Student ID #:
				Entered into SIS by:	



New Student Enrollment Form – PART 2

REV 01/26/23

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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LEGAL DOCUMENTS

Please mark any items that apply to this student, and provide the school with copies of related documents:

- | | |
|---|--|
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Guardianship for Court-Appointed Guardian |
| <input type="checkbox"/> Department of Economic Security Report | <input type="checkbox"/> Custody/Parenting Time Agreement |
| <input type="checkbox"/> Order of Protection Against: | <input type="checkbox"/> Other: |

STUDENT BACKGROUND INFORMATION

Has the student ever been retained? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, at what grade level?	Has the student ever attended another school in AZ? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, which school/district?
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Has the student ever attended any of the Laveen District Schools listed below: <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, indicate school with Year and Grade attended:
Laveen Elementary Year: Grade:	Trailside Point Year: Grade:
M. C. Cash Elementary Year: Grade:	Desert Meadows Year: Grade:
Vista del Sur Accelerated Year: Grade:	Rogers Ranch Year: Grade:
Cheatham Elementary Year: Grade:	Paseo Pointe Year: Grade:
Estrella Foothills Global Academy Year: Grade:	

DISCIPLINE INFORMATION – SUSPENSION/EXPULSION

Has this student ever been suspended from school? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Date, Reason, School/District:
Has this student ever been expelled from school? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Date, Reason, School/District:
Has either action ever been recommended for this student? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Date, Reason, School/District:

TRANSPORTATION QUESTIONNAIRE

Student's A.M. Transportation (To School): <input type="checkbox"/> *Bus <input type="checkbox"/> Kids Klub <input type="checkbox"/> Parent <input type="checkbox"/> Bike <input type="checkbox"/> Walk <input type="checkbox"/> Daycare: _____	Student's P.M. Transportation (From School): <input type="checkbox"/> *Bus <input type="checkbox"/> Kids Klub <input type="checkbox"/> Parent <input type="checkbox"/> Bike <input type="checkbox"/> Walk <input type="checkbox"/> Daycare: _____
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* If eligible, you will be provided with time and location, along with the Bus Rules, which must be signed and returned to the Bus Driver. Student Transportation Services are a privilege and not a right. LESD may withdraw bus privileges to any student that fails to follow the Bus Rules or follow directions of the Bus Driver or other adult supervisor.

STUDENT EMERGENCY CONTACTS: PERSONS OTHER THAN PARENT/GUARDIAN

If my child is being sent home or must leave school and I am unavailable, I authorize the following persons to assume temporary custody of and responsibility for my child. I understand that if the name of the person picking up my child does not appear on this list or the person does not have a photo ID, my child will not be released from school to that person.

1 Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+		
Last Name, First Name (as it appears on Driver's License)	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
2 Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+		
Last Name, First Name (as it appears on Driver's License)	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
3 Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+		
Last Name, First Name (as it appears on Driver's License)	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
4 Relationship: <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+		
Last Name, First Name (as it appears on Driver's License)	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

I affirm all information on this form is accurate, I understand it is my responsibility to notify the school in writing of any changes, and I have read and understand the information provided to me in this enrollment form.

Parent/Guardian Signature:

Date: