

ORACLE SCHOOL DISTRICT

(520) 896-3070

P.O. Box 1720

2618 W El Paseo

Oracle, AZ 85623

www.OSD2.ORG



March 30, 2021

Parents and Guardians of Open Enrolled Students,

Thank you for choosing to enroll your child in the Oracle Elementary School District. Your child and their classmates are at the center of each decision we make at Mountain Vista School. Our highly dedicated staff, academic programs, and extracurricular opportunities are committed and designed to provide your child with an exceptional educational experience.

In order to provide the greatest opportunities possible, each year we determine how many open enrollment students we can accommodate. The following considerations will be taken into consideration when approving open enrollment applications:

- Students who are currently enrolled and in good standing at Mountain Vista School. Students in good standing have not had attendance concerns, discipline issues, or poor grades.
- Students who have siblings who are currently enrolled and in good standing at Mountain Vista School.

Students who have applied for Open Enrollment may be placed on a waiting list if capacity is exceeded. Parents and guardians will be notified in writing whether or not their child's application has been accepted, denied, or if their names are on a waiting list.

If you wish for your child to attend Mountain Vista School for the 2021-2022 school year, please complete the attached Open Enrollment Application Form. Completed applications are due to the Mountain Vista Front Office no later than May 3, 2021.

Thank you,

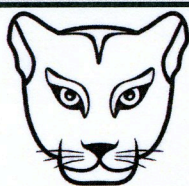
A handwritten signature in black ink that reads "Cnehrmeyer".

Crystle Nehrmeier

Superintendent

520-896-3074

cnehrmeyer@osd2.org



MOUNTAIN VISTA
K-8 School

THANK YOU FOR CHOOSING

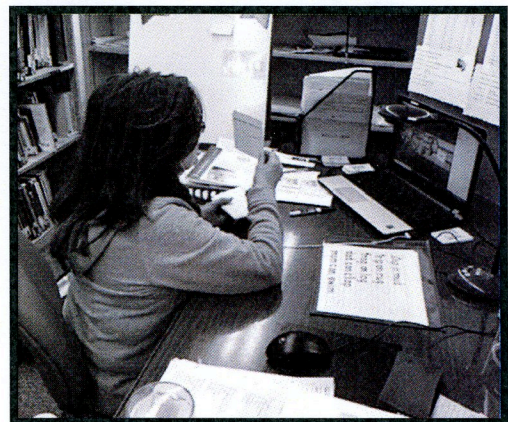
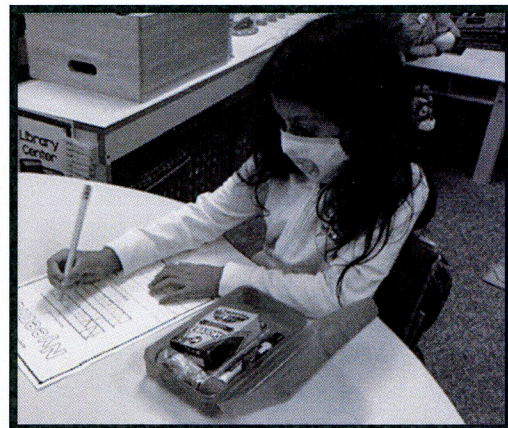
Mountain Vista K-8 School

2021-2022 SCHOOL YEAR

What Makes Mountain Vista Unique?

Experienced and creative teachers
Supportive and encouraging staff
Caring volunteers and families
Active and knowledgeable Governing Board
1:1 Chromebooks and Tablets for all students
Art Education for all students
Tech Academy for all students
Physical Education for all students
Positive Behavior Interventions and Supports (PBIS)
Research-Based Curriculum
Gifted Education Program
Inclusion-Based Special Education Program
School Counselor and Social/Emotional Supports
After-School Enrichment Programs and Clubs
Community Schools Athletics for Grades K-6
School Athletics for Grades 6-8
Student Council for Grades 6-8
National Junior Honor Society for Grades 6-8
Federal Free and Reduced Lunch Program
Consistent COVID-19 Mitigation Procedures
Free Preschool for 3 and 4 year old children
New school buses and campus renovation projects
\$13.2 Million Capital Bond Passed in 2019

Small Town Roots, Global Expectations



Registration Fees for the 2021-2022 School Year

Fees will be collected at the beginning of the school year, please do not send payment for fees in the mail with your child's registration paperwork!

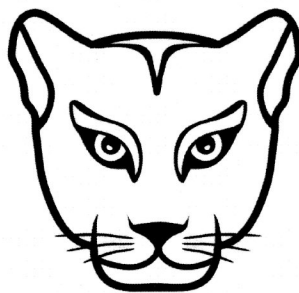
\$5.00 Student Activity Fee

Allows each student in Grades K-8 to participate in a variety of educational field trips during the school year.

\$50.00 ChromeBook

Non-refundable Deposit for Grades 5-8

(\$30.00 for students who have a hardship.)



MOUNTAIN VISTA
K-8 School

ORACLE SCHOOL DISTRICT #2
P.O. Box 1720
2618 El Paseo Oracle, AZ. 85623 (520) 896-3000
2021-2022

STUDENT REGISTRATION FORM

Student Name _____ Grade _____ Home Phone # _____

Email Address _____ Cell# _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

DOB _____ Place of Birth _____ M _____ F _____

According to A.R.S. 15-802(B) School districts are required to obtain verifiable documentation of Arizona residency upon enrollment in an Arizona public school.

Special Education Information:

Was your child enrolled in any Special Education program? If yes, please explain:

Does your child have special needs, Speech or ESL programs? If yes, please explain:

Has your child been suspended or expelled from school for any reason? If so, please provide information:

Ethnic choice: Check One you most closely identify with:

☐ American Indian

☐ Hispanic (Mexican or Spanish origin)

☐ White (Not of Hispanic origin)

☐ Asian or Pacific Islander (Oriental)

☐ African American

<u>FAMILY INFORMATION:</u>	Occupation	Employer	Work Phone #	Cell #
Name of:				
Father _____	_____	_____	_____	_____
Mother _____	_____	_____	_____	_____
Step Parent _____	_____	_____	_____	_____
Guardian _____	_____	_____	_____	_____

Is Parent or Guardian an active member of the Military

Yes _____

No _____

Branch

Start Date

Exit date

PLEASE PROVIDE LEGAL DOCUMENTATION IF GUARIDAN IS OTHER THAN A PARENT.

Is there a non-custodian parent? Yes ___ No ___ If yes, a copy of the court order needs to be submitted to the office.

Parents or Guardians Student Living With:

Person(s) to call if parent cannot be reached:

NAME:	PHONE NUMBER:	RELATIONSHIP
		(to student)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I verify the above information to be accurate.

Signature of Parent/Guardian _____

Date _____

FOR OFFICE USE ONLY	SCHOOL NAME:	MOUNTAIN VISTA
Date of Entry: _____	Entry Code: _____	
Verify DOB: _____	Certified By: _____	
		() Birth Certificate
		() Baptismal Certificate
		() Other



**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
- _____ 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)
- _____ 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.



State of Arizona
Affidavit of Shared Residence

I 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
- ___ 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.
- ___ 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 Pinal

The foregoing was acknowledged before me this ____ day of _____, 20____,
By _____.

Notary Public

My Commission Expires:

INFORMATION FOR PARENTS



IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING SITUATIONS:

In a shelter



In a motel or campground due to the lack of an alternative adequate accommodation



In a car, park, abandoned building, or bus or train station



Doubled up with other people due to loss of housing or economic hardship

Your school-age children may qualify for certain rights and protections under the federal McKinney-Vento Act.

Your eligible children have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in school and attend classes while the school gathers needed documents.
- Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is your preference and is feasible.
 - * If the school district believes that the school you select is not in the best interest of your children, then the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.
- Receive transportation to and from the school of origin, if you request this.
- Receive educational services comparable to those provided to other students, according to your children's needs.

If you believe your children may be eligible, contact the local liaison to find out what services and supports may be available. There also may be supports available for your preschool-age children.



Local Liaison

Lydia Smith, Mt. Vista School
520-896-3000

State Coordinator

If you need further assistance with your children's educational needs,
contact the National Center for Homeless Education:

1-800-308-2145 * homeless@serve.org * www.serve.org/nche

INFORMACIÓN PARA LOS PADRES



SI SU FAMILIA VIVE EN CUALQUIERA DE LAS SITUACIONES SIGUIENTES:

En un albergue



En un motel o un sitio para acampar debido a la falta de una alternativa adecuada



En un parque, un edificio abandonado, o una estación de trenes o de autobuses



Compartiendo la vivienda de otras personas debido a la pérdida de su casa
o a una dificultad económica

*Sus hijos de edad escolar podrían calificar para recibir ciertos derechos y protecciones bajo la
ley federal McKinney-Vento.*

Sus hijos elegibles tienen derecho a:

- Recibir una educación pública gratuita y apropiada.
- Inscribirse en la escuela inmediatamente, aunque falten documentos normalmente requeridos para la inscripción.
- Inscribirse y asistir a clases mientras que la escuela obtiene los documentos necesarios.
- Inscribirse en la escuela local; o continuar asistiendo a la escuela de origen (la escuela a la cual su hijo asistió cuando tenía una residencia permanente, o la última escuela en la cual estaba inscrito), si esto es su preferencia y es factible.
 - * Si el distrito escolar cree que la escuela escogida por usted no es la mejor para sus hijos, el distrito tiene que darle a usted una explicación escrita de su posición e informarle de su derecho de apelar su decisión.
- Recibir transporte a/de la escuela de origen, si usted lo pide.
- Recibir servicios educacionales comparables a los que están provistos para otros estudiantes, según las necesidades de sus hijos.

Si usted cree que sus hijos podrían ser elegibles, contacte al oficial para la educación de los niños y jóvenes sin hogar de su distrito escolar para averiguar los servicios y ayudas que podrían estar disponibles. También puede haber apoyo disponible para sus hijos de edad preescolar.



Oficial para la educación de los niños y jóvenes sin hogar

Lydia Smith, Mt. Vista School
520-896-3000

Coordinador estatal

Si usted necesita ayuda adicional con las necesidades educacionales de sus hijos, contacte
al Centro Nacional de Educación para los Niños y Jóvenes sin Hogar:

1-800-308-2145 * homeless@serve.org * www.serve.org/nche



Permission to Photograph and Publish 2020-2021 School Year

By signing this form, I give the Oracle Elementary School District permission to photograph my child and use my child's photograph, name, and grade level for use in the school yearbook, newsletters, website, local newspapers, and school Facebook account.

I understand that if I do not grant permission to the District, my child's name and/or photograph(s) will not be included in any of the publications listed above.

Legal Parent/Guardian Name: _____

Legal Parent/Guardian Signature: _____

Student Name: _____

Please use the space below for any specific information you would like to share with the school, including for example, if you grant permission for your child to be included in school publications but not local newspapers, etc. Thank you!



Student Guidelines for Appropriate Use of Technology Resources Acceptable Use Policy

Oracle Elementary School District is deeply committed to utilizing technology as an educational tool. The internet and devices on our network are used to support the educational objectives of the District. Use of these technologies is a privilege and is subject to the following terms and conditions:

1. Communication – I will make appropriate decisions when communicating and will not send or share mean or inappropriate content. I will participate in collaboration while using effective participation skills. I will be mindful of what I post and not use profanity or language that is inappropriate.
2. Privacy and Safety – I am aware that anything I do online or electronically is not private and can be monitored. I will seek help if I feel unsafe, bullied or witness any form of unkind behavior including cyberbullying.
3. Learning – I will do my best. I understand some websites are inappropriate and I will not search for words that are not related to my academics.
4. Respect – I will follow all copyright rules and give credit when it is needed. I will respond thoughtfully to the opinions, ideas and values of others. I will take proper care of all equipment including district provided and personal devices. I will report misuse and/or inappropriate content to my teachers.

Students:

I understand that it is my responsibility to honor the Acceptable Use Policy and uphold the Oracle Elementary School District's technology values both online, offline, at school and at home. I understand that my actions can affect others and that I will be accountable for my behavior. I will not engage in activities that are in violation of the Technology Acceptable Use Policy. I understand that any violation of the Acceptable Use Policy is unethical and may result in consequences outlined in the Student Code of Conduct and/or state and federal law.

Student Name: _____ Grade Level: _____

Student Signature: _____ Date: _____

Parent/Guardians:

I understand that the Oracle Elementary School District encourages parents and guardians to supervise and monitor their child's online activity. I accept full responsibility if and when my child's use of technology is not in a school setting and understand that my child is subject to the same rules and agreements while not at school. I understand that the District encourages parents and guardians to supervise and monitor any online activity. I understand that any violation of the Acceptable Use Policy is unethical and may result in consequences outlined in the Student Code of Conduct and/or state and federal law.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

MOUNTAIN VISTA SCHOOL

School Health Office 520.896.3000

Over the Counter Medication Consent Form 2021-2022

I hereby authorize and give my consent for the school health aide or person designated by the administrator, to give the age appropriate dose of the below named over the counter medications as directed to my child: _____ grade _____

✓ **Check those medications you give permission for your child to receive through the Health Office to get them temporarily thru the day:**

Note: Generic Medications given when possible. All meds listed may or may not be available

- ◇ Antacid (Tums) 1-2 for heartburn, gas or mild upset stomach
- ◇ Acetaminophen (Tylenol) 1 -2 tab for mild headache or pain
- ◇ Ibuprofen (Advil/Motrin) 1-2 tab for menstrual pain or musculoskeletal pain
- ◇ Cough drops 1 -2 for cough
- ◇ Diphenhydramine (Benadryl) 1 tab for bite/sting or rash/hives
- ◇ Sunscreen absorbs or reflects some of the sun's ultraviolet radiation
- ◇ Eye drops due to treat itching due to allergies

Route of administration: to be given by mouth
Amount to be given: Age/wt. appropriate dose
Time of day to be given: as needed during school hours

Other OTC Medication(s): _____
(Provided by parent)

This will need to arrive in its **original, unopened** container/box and will be administered as directed above. **Parent/Guardian understands medications remaining after the last day of school year will be discarded.**

ALLERGIC TO ANY MEDICATION? YES or NO

Please list any health conditions that your child is diagnosed with, ie, asthma, seizures, etc.

X _____
Signature (Parent/Guardian) Date

ATTENTION: FOR ANAPHYLAXIS (EPI-PEN), ASTHMA (INHALERS), DIABETES USE ONLY

Students are not allowed to carry and self-administer any medications. **Exceptions: medication for diagnosed anaphylaxis (Epi Pen), breathing disorders requiring hand held inhaler devices and diabetes. They must have a prescription label on the actual Epi Pen or Inhaler.**

*Please ask the pharmacist to print an extra label for this purpose.

*Any prescribed medication, must have Permission to Administer during school hours form, filled out by physician as well.

I, the undersigned Parent/Guardian, release the school district and its employees, agents and officers of any responsibility in safeguarding the student's inhaler, Epi-Pen, or diabetic supplies.

SIGN HERE for medication to be stored in Health Office and administered by staff.

OR SIGN HERE to authorize students to carry/self Administer inhaler, Epi-Pen or diabetic supplies

Signature Parent/Guardian Date

Signature Parent/Guardian Date

ORACLE SCHOOL DISTRICT

2021-2022

MEDICAL HISTORY/ Historio Medico

Student's Name (Nombre del estudiante): _____ Date (Fecha): _____
School (Escuela): _____ Birth Date (Fecha de nacimiento): _____
Grade (Grado en escuela): _____

We request that you complete this form entirely. It will help us insure that your child receives proper care should he/she become ill or injured at school. This information will be kept confidential.

Es necesario llenar esta forma completamente. Nos ayuda a asegurar que el estudiante reciba ayuda necesario. Esta informacion sera mantenida confidencial.

Please check the following if any apply to your son/daughter:

Indique por favor si cualesquiera de estas condiciones medicas se aplican a su hijo o hija

Illness (Enfermedades)	Circle YES or No (Encierra si o no)	Date of Diagnosis MO/YR (Fecha del diagnostico)	Comments: (Comentario)
Chicken Pox/Varicella disease (Varicela o Viruela loca)	Yes or No		
Asthma (Asma)	Yes or No		
Diabetes (Diabetis)	Yes or No		
Seizure disorders (Convulsiones)	Yes or No		
Heart Condition (Condicion del corazon)	Yes or No		
Urinary problem (Condicion urinario)	Yes or No		
Orthopedic problem (Problema ortopedico)	Yes or No		
Skin condition (Condicion de la piel)	Yes or No		
Hearing problem (Problemas de oido)	Yes or No		
Frequent headaches or migraines (Los Dolores de cabeza o migrana frecuentes)	Yes or No		
Surgeries(Cirugia)	Yes or No		
Wears glasses or contacts (Unsan lentes o lentes de contacto)	Yes or No		
Allergies (Please list all food, edication Other) (Alergia (incluir comida, medica Otras cosas que causan alergias),	Yes or No		

Doctor's Name _____ Phone: () _____
Dentist's Name _____ Phone: () _____
Preferred Hospital _____

Does student have any medical concerns, allergies, or chronic illnesses: If yes, please specify: _____

Does child take medication on a regular basis? If yes, please specify _____

Incase of serious illness, your child will be taken to the closest hospital by ambulance, if necessary, and emergency treatment will be provided until parent or legal court ordered guardian can be contacted. Any expense for emergency transportation and/or treatment shall be the responsibility of the parent or legal court ordered guardian.

Form completed by: _____ Relationship to Child _____

Parent or legal court ordered guardian signature _____

Date _____