

ORACLE SCHOOL DISTRICT
(520) 896-3070
P.O. Box 1720
2618 W El Paseo
Oracle, AZ 85623
www.OSD2.ORG



May 5, 2020

Parents and Guardians of Mountain Vista Students,

On behalf of our teachers and staff, we thank you for choosing the Oracle Elementary School District for your child's education! We value the opportunity to create an educational partnership with you and your child. I invite you to contact me directly with any questions, concerns, or to simply say hello. I can be reached directly at cnehrmeyer@osd2.org and 520-896-3074.

Traditionally, we send registration paperwork home with returning students at the end of the school year and provide in-person registration for new students each May. The global pandemic and social distancing requirements have changed our registration process for the upcoming school year. Although our registration process has changed, our enthusiasm for the upcoming school year and our commitment to providing the best educational experience for your child is stronger than ever.

Please review the important information below:

- In lieu of visiting the school office to complete registration paperwork, we ask that you complete the enclosed registration packet and mail each form back to the school in the attached stamped, addressed envelope before June 1, 2020.
- We plan to start the new school year on Thursday, August 6, 2020. We will continue to monitor the mandates from the Arizona Department of Health, Arizona Department of Education, and Governor Ducey's office. In the event that the start of the school year needs to be modified to accommodate student health and safety, we will notify families directly and with the contact information provided in each child's registration paperwork.
- This summer we are updating our procedures to keep your child as safe and healthy as possible while they are in our care at school. Procedure updates include checking the temperature of each child that is sent from the classroom to the Health Office and requiring students to wear a protective face mask while they are in the Health Office or waiting for parent/guardian pick-up if they are ill. We plan to increase our emphasis on teaching good hygiene habits and allowing more opportunities throughout the day for students to wash their hands and access hand sanitizer gel.
- We encourage you to follow Mountain Vista K-8 School on Facebook for regular updates and information.

I look forward to seeing you and your child when the 2020-2021 school year begins!

Sincerely,

Crystle Nehrmeyer

GOVERNING BOARD

STEVE BROWN
(520) 896-3530

LINDA LYON
(520) 818-8024

JEFFREY MCCLURE
(520) 222-6455

JERI TAYLOR
(253) 279-6153

GARY TERRELL
(360) 460-0119

ORACLE SCHOOL DISTRICT

(520) 896-3070

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Superintendent

520-896-3074

cnehrmeyer@osd2.org



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THANK YOU FOR CHOOSING
Mountain Vista PreK-8 School
2020-2021 SCHOOL YEAR

What Makes Mountain Vista Unique?

Excellent and Experienced Teachers

Supportive and Encouraging Staff

Outstanding Volunteers

Small Class Sizes

1:1 Digital Learning for Grades 5-8

Art Education for Grades K-8

Music Education for Grades K-8

Physical Education for Grades K-8

Early Literacy Enrichment in Grades K-2

Positive Behavior Interventions and Supports
(PBIS) for Grades PreK-8

Research-Based Curriculum

Gifted Education Program

Inclusion-Based Special Education Program

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

After-School Horsemanship Program

Small Town Roots, Global Expectations.



ORACLE SCHOOL DISTRICT #2
P.O. Box 1720
2618 El Paseo Oracle, AZ. 85623 (520) 896-3000
2020-2021

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

FAMILY INFORMATION:

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 GUARDIAN 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:



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 _____ 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 indicate the student's home or primary language. (Revised 01-2019)



State of Arizona
Department of Education

Office of English Language Acquisition Services



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 _____ Distrito _____
Núm. de identificación _____
Fecha de nacimiento _____ SSID _____
Firma del padre o tutor _____ Fecha _____
Distrito o Charter _____
Escuela _____

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

In AzEDS, please indicate the student's home or primary language. (Revised 01-2019)

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

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



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: _____



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!

MOUNTAIN VISTA SCHOOL

School Health Office 520.896.3000

Over the Counter Medication Consent Form 2019-2020

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 safe-guarding 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

2019-2020

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 er 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 ortopedi- co)	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, edications, Other) (Alergia (incluir comida, medicacion, Otras cosas que causan alegias),	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

Registration Fees for the 2020-2021 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 qualify for Free/Reduced Lunch)



MOUNTAIN VISTA
K-8 School