

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 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. We are grateful for the opportunity to safely transition from distance learning to hybrid learning and now to full, in-person learning this school year. As we look forward to the 2021-2022 school year, our enthusiasm for and commitment to providing the best educational experience for your child is stronger than ever.

Please review the important information below:

- We ask that you complete the enclosed registration packet and mail each form back to the school office in the attached stamped, addressed envelope before Monday, May 3, 2021.
- We plan to start the new school year with full, in-person instruction on Thursday, August 5, 2021. We will continue to monitor mandates from the Arizona Department of Health, Arizona Department of Education, and Governor Ducey's office related to the COVID-19 pandemic.
- Included in the registration packet is our 2021-2022 District Calendar for your reference and planning.
- During the current school year, we continued to provide distance learning upon parent request for students after our transition full, in-person learning earlier this month. As we plan for the upcoming school year, we will provide distance learning for students upon parent request if we are required to do so by the Arizona Department of Education or Governor Ducey's office. If we are not required to provide both full, in-person learning combined with distance learning upon request, we plan to provide full, in-person learning with appropriate mitigation procedures in place for all students.
- We encourage you to follow Mountain Vista K-8 School on Facebook and visit our district website at www.osd2.org for regular updates and information.

We look forward to a successful and smooth end to the current school year and a strong start to the upcoming school year. The resilience of our students, families, staff, teachers, and community have confirmed what we knew all along, we are truly Mountain Vista Strong!

Sincerely,

A handwritten signature in black ink that reads "Crystle Nehrmeier".

Crystle Nehrmeier

Superintendent

520-896-3074

cnehrmeier@osd2.org

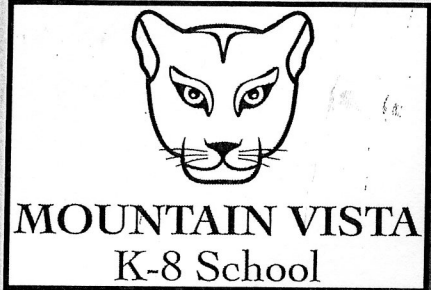
A handwritten signature in black ink that reads "Shannon Soule".

Shannon Soule

Dean of Students

520-896-3003

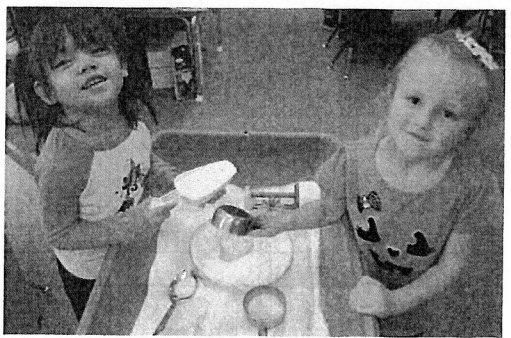
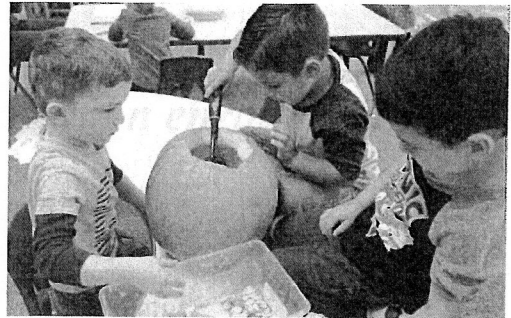
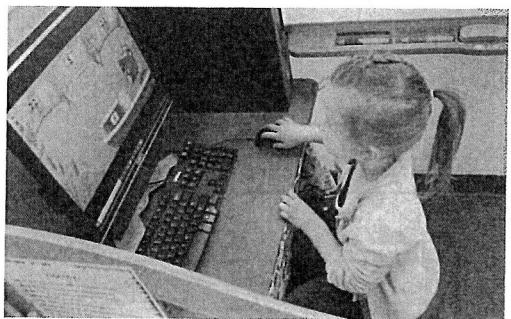
ssoule@osd2.org



**THANK YOU FOR CHOOSING
Mountain Vista Kindergarten Prep Program
2021-2022 SCHOOL YEAR**

What Makes Mountain Vista's Preschool Unique?

- Experienced and creative teachers
- Supportive and encouraging staff
- Caring volunteers and families
- Active and knowledgeable Governing Board
- Incredible support from the Oracle Schools Foundation
- Small class sizes
- Educational Technology used in each classroom
- Positive Behavior Interventions and Supports (PBIS)
- Early Childhood Research-Based Curriculum
- Inclusion-Based Special Education Program
- Consistent professional development for staff
- Transportation for residents in our school district
- Federal Free and Reduced Meal 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*



ORACLE
School District

ORACLE SCHOOL DISTRICT #2
P.O. Box 1720 Oracle, AZ. 85623 (520) 896-3000
Mountain Vista Pre—Kindergarten
2021-2022

PRE-SCHOOL

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: _____
Verify DOB: _____

Entry Code: _____
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:



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

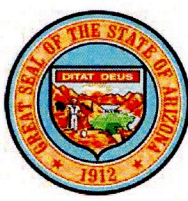
Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 01-2020)



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?** _____

Distrito _____

Nombre del estudiante _____ 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

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 2021-2022 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!

ENROLLMENT AGREEMENT

MOUNTAIN VISTA PRE-SCHOOL

2021-2022

PLEASE READ THOROUGHLY

Welcome to Mountain Vista Pre-School. We look forward to a healthy and happy relationship with you and your family. The following policies have been created to help ensure the smooth operation of the Pre-School and the safety of all the children enrolled. By **initialing** each paragraph and signing the bottom of this agreement and enrolling my child at Mountain Vista Pre-School, I am acknowledging my understanding and acceptance of the following:

- _____ Pre-school will begin on August 16, 2021
- _____ Children attending the 3 or 4 year old program must turn 3 or 4 by September 1st.
- _____ Children who attend the Pre-school program are expected to attend at least 3 days per week in order to hold their place.
- _____ No breakfast, lunch, or snack will be provided. Have your child bring a healthy snack.
- _____ I understand the hours of operation at Mountain Vista Pre-school.
- _____ Pre-school hours for the 4 year old program will be from 8:00 – 10:30 and the 3 year old program will be from 12:00– 2:45 M, T, Th, and F.
- _____ Being late to school disrupts class time. Pre-school age children must come to school on time as often as possible. **Please remember, you must sign in at the front office before visiting, dropping off, or picking up your child(ren).**
- _____ The Pre-school will be following the Oracle School District calendar throughout the year.
- _____ If you or another authorized person fail to pick up your child and/or contact the Pre-school, and cannot be reached, Pre-school staff within 30 minutes after closing time, or in accordance with state licensing regulations, Pre-school staff may release my child to the custody of Child Protective Services or to a Pinal County Sheriff's Deputy.
- _____ Bus service will be provided. Please contact the transportation office @ 896-3052 for schedules and bus stops.
- _____ The following items are required before your child may attend the Pre-school.
Immunization records must be verified by the school nurse before entering, a copy of their birth certificate proof of residency, completed and signed registration forms and emergency form. Possible screening for hearing, vision, weight and height may be necessary before a preschooler enter the program.

Field trips are a privilege for students at Mountain Vista. Your child may have the opportunity to participate in special programs or field trips. Any student who is not on their best behavior may not be allowed to attend any field trip or participate in any special function. Notices will be posted in advance and a signed permission slip will be required in order for your child to participate.

Mountain Vista staff will release your child only to your or to those persons you have listed on the Emergency Form. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you would like an adult who is not on these forms to pick up your child, you must notify Mountain Vista staff in advance, in writing. For safety, accuracy and maintenance of records, it is critical to **sign children in and out** of the building using your assigned PIN number.

The Pre-school will be open M, T, Th, and F. The procedure for notifying families should severe weather or other condition prevent the Pre-school from opening on time or at all, you will be notified by our automated phone system. **Please note: it is very important to keep the school notified if your phone number changes.**

If your preschooler has 10 or more consecutive unexcused absences, he or she will be withdrawn. This will result in you having to re-enroll your child if there is room for them when they return after that withdrawal.

I have read, understand, and accept all terms and conditions described in this agreement.

Child's Name: _____

Parent/Guardian Signature: _____ **Date:** _____

**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

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

Parent 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.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
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.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
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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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 migraña 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