



Thank you for your interest in Desert Star Community School. Our open enrollment for the school year 2024-25 begins on February 21st. Applications are accepted on or after the date via mail, email, fax or in person.

Applications will be reviewed in the order they are received. The date and time will be written on the registration form once it is verified to be a complete packet.

A packet is considered complete when the following components are met:

All sections of the registration packet must be filled out completely

- Entire Registration Form including:
 - Birth Certificate (ARS) 15-828:
 - A certified copy of the pupil's birth certificate.
 - Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
 - A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.
 - Copy of immunization records or exemption form (given upon request)
 - Arizona Revised Statutes (ARS) 15-872 (B) states that "a pupil shall not be allowed to attend school without submitting documentary proof to the school administration unless the pupil is exempted from immunizations pursuant to section 15-873" with exemption on file.
- Ethnicity/Race/Military Identifier Form
- Records Request form (only for grades 1-8)
- Administration of Medication in School
- Medication Authorization
- Arizona Residency Documentation form- MUST have a copy of the support documentation checked on the form attached
- Home Language Survey

If you are enrolling your child into Kindergarten they MUST be 5 years old by September 1st. We will not make any exceptions.

In March, the awarding of spaces begins and continues through the summer. You will receive a letter once a space has been reserved for your child. Some additional spaces become available at the beginning of the school year when the plans of families of enrolled students unexpectedly change.

Students are positioned by priority levels.

1. Current enrolled students.
2. Applicants with currently enrolled siblings.
3. Applicants will be put on a waiting list on a first come basis.

We look forward to you joining our community. If you have any questions or concerns please contact the office at 928-282-0171.

Sincerely,

Cheryl LeBlanc
Administrative Director



2024-2025 Registration Form (pg 2)

Parent or Guardian 2: Mother Father Stepmother Stepfather Other – Specify

Does this parent have legal custody? Yes No Joint

Does the student live with parent? Yes No

Name: _____	Cell Phone: _____
Email _____	Home Phone: _____
Mailing Address: _____	Other Phone: _____
Residence Address (if different) _____	



**Ethnicity/Race Data collection Form and Military Identifier
(Required by Federal Regulations)**

Part I - Is this student of Hispanic/Latino heritage? (Choose only one)

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

No, not Hispanic/Latino

The above question is about *ethnicity*, not race. If you have chosen "NO" from above, please continue to answer the following by checking one or more options to indicate what you consider your student's race to be.

Part II - Race (Choose one or more)

American Indian or Alaska Native (A person having origins in the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

Asian (A person having origins in the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in the original peoples of Europe, The Middle East or North Africa)

Military Student Identifier

Under the Every Student Succeeds Act, school districts have been issued guidelines regarding the collection of a student's military identifier. Districts are now required to collect and report a student's Military Identifier which identifies students with a parent or legal guardian who is an active member of the Armed Forces or National Guard.

Check the option that best describes the student's Military Student Identifier status at any point during the school year. If a parent(s)/legal guardian's status changes, please notify your child's school office.

Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps or Coast Guard)

Student is a dependent of a member of the National Guard (Army National guard or Air National Guard)

Not Applicable

Parent Signature

Date



Request for Records - (Only complete if enrolling in Grades 1-8)

Student Name: _____

Anticipated start date at Desert Star: _____

Student's last school of attendance:

School name: _____

Address: _____

Phone: _____

Fax: _____

Grades Attended: _____

I hereby request and authorize you to release the following:

- Transcripts
- Withdrawal form
- State Testng Results
- Attendance records
- Immunization records/Health records
- Birth certificate
- Discipline records
- Gifted and talented records
- SPED records
- Other _____

Pursuant to the Family Educational Rights and Privacy Act (FERPA) of 1974, all psychological or confidential data will be maintained as such. It will not be transferred to any person or agency without parental permission. Parents will have access to all student records.

Parent Signature

Date

Requested by

Official title



Administration of Medication in School

Dear Families:

Our school has a written policy to assure the safe administration of medication to students during the school day. If your child must have medication of any type, including over the counter drugs given during school hours, you have the following choices:

1. You may come to school and give the medication to your child at the appropriate time(s).
2. You may obtain a copy of a medication form Request for Medication Administration in School from the office. Take the form to your child's doctor and have him/her complete the form by listing the medication(s) needed, dosage, and number of times per day the medication is to be administered. This form must be completed by the physician for all prescription drugs and naturopathic remedies, the form must be signed by the doctor and by you, the parent or guardian. Prescription medicines must be brought to school in a pharmacy labeled bottle which contains instructions on how and when the medication is to be given. Over the counter drugs must be received in the original container, labeled with your child's name, and will be administered according to the written instructions on the label.

(Please read initial and sign page 2, Parent/Guardian responsibilities)

3. You may discuss with your doctor an alternative schedule for administering medication (i.e. outside of school hours)
4. Self-Medication: Students requiring medication for asthma, anaphylactic reactions (or both), and diabetes may self-medicate with physician authorization, parent permission and a student agreement for self-carried medication. Students must demonstrate the necessary knowledge and developmental maturity to safely assume responsibility for and management of self-carry medications.

Thank you for your cooperation.

Parent / Guardian Signature: _____

Date: _____



Medication Authorization- The Responsibility of the Parent or Legal Guardian

1. Limit the medications that must be given during the school day to those necessary in order to maintain the child at school.
2. Provide a written request for school personnel to administer the medication. This should be in the form of a request/permission form (Request for Medication Administration in School) Return the completed form to school. A separate parent request/permission form must be completed for each medication given at school.
3. Complete an Authorization form, signed by a health care provider licensed to prescribe medications.
4. Provide each medication in a separate pharmacy-labeled container that includes the child's name, name of the medication, the exact dose to be given, the number of doses in the original container, the time the medication is to be given, how it is to be administered, and the expiration date of the medication.

Note: The parent should request the pharmacist to provide two labeled containers – one for home use and one for school use – if the child needs to be given medication both at home and at school.

5. Provide the school with new, labeled containers when dosage or medication changes are prescribed.
6. Over the counter medications will be dispensed by health office personnel to students who have written permission from a parent or guardian to receive medication at school, as needed, for a maximum of three consecutive days. To ensure that use of this medication is not masking symptoms of a serious condition in the student, a healthcare provider's order must be submitted to the school health office for administration beyond this three-day period. OTC medications will not be dispensed during the first and last hours of the school day unless approved on a case by case basis.
7. Over the counter medications administered at school should be provided in their original packaging labeled with the student's name.
8. Retrieve all unused medications from school when medications are discontinued, and /or at end of school year (according to local written policy)
9. Maintain communication with the school staff regarding any changes in the medical treatment needed at school.

Parent / Guardian Signature: _____

Date: _____



Arizona Department of Education Arizona Residency Documentation Form

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 Arizona Address Confidentiality Program authorization card
- 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veterans Administration, Arizona Department of Economic Security)
- Temporary on-base billeting facility (for military families)
- 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



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: Desert Star Community School

School: Desert Star Community School