



# Mountain Oak School

• 1455 Willow Creek Rd., Prescott, AZ 86301 • 928.541.7700 • <https://mountainoakschool.org/> •

Mountain Oak School nurtures children's highest potential of thought, feeling, and determination by cultivating a sense of truth and wonder, the powers of imagination and practical knowledge, and a feeling of responsibility for themselves and the world around them.

## Enrollment 2020-2021

Our school offers a caring, personal atmosphere and an exciting educational program where academic and artistic abilities are fostered side by side. Attention is focused on all areas of a child's development- emotional, social, physical and academic.

Mountain Oak School is a public charter school inspired by Waldorf methods. It is tuition free and open to all age appropriate children. Enrollment forms are enclosed to assist you in enrolling your child for the 2020-2021 school year.

If you have any questions or need assistance in completing your packet, please contact the Office at (928)541-7700 or stop in at the front desk.

### Instructions for Enrolling:

**Open Enrollment begins for Kindergarten Feb. 3rd and for grades 1-8<sup>th</sup> Feb. 24th on a first come first serve basis.**

**The following will need to be provided PRIOR to enrollment being processed:**

- Current proof of complete immunizations, immunization schedule, or waiver completed (waiver included in packet)
- Custody papers, if applicable
- **One of the four options:** Original birth certificate/social security card/ baptismal certificate/ 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 agency/caregiver as prescribed by law
- This packet completely filled out and signed
- Enrollment packets will be accepted:
  - a. In person in the Mountain Oak Office
  - b. By mail: Mountain Oak School, 1455 Willow Creek Rd, Prescott, AZ 86301
  - c. Scanned and e-mailed to: [admin@mountainoakschool.org](mailto:admin@mountainoakschool.org)
- You will receive a welcome packet in July as confirmation of your enrollment

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.



# Mountain Oak School Enrollment Form 2020-2021

1455 Willow Creek Rd ~ Prescott AZ 86301 ~ 928-541-7700

Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ GRADE \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Last school attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Ph # \_\_\_\_\_

STUDENT BIRTH DATE

STUDENT Birthplace

City: \_\_\_\_\_

State \_\_\_\_\_

County \_\_\_\_\_

## RESIDENTIAL STATUS

- ☐ Father
- ☐ Mother
- ☐ Stepfather
- ☐ Stepmother
- ☐ Guardian
- ☐ Foster Care
- ☐ Permanent Housing
- ☐ Migrant
- ☐ Homeless/Shelter

A CAREGIVER AFFIDAVIT FORM  
MUST BE PROVIDED FOR STUDENTS  
LIVING WITH A LEGAL-  
GUARDIAN OTHER THAN PARENT.

## CUSTODY OF STUDENT

- ☐ Joint
  - ☐ Sole
  - ☐ Guardianship
- IF THERE IS A LEGAL CUSTODY  
AGREEMENT PLEASE PROVIDE  
COPY TO THE OFFICE

## STUDENT RACE

- ☐ White (Caucasian)
- ☐ Black (African-American)
- ☐ Hispanic
- ☐ Asia/Pacific Islander
- ☐ American Indian/Alaskan Native

## STUDENT ETHNICITY

- ☐ Hispanic
- ☐ Non-Hispanic

## HOME LANGUAGE SURVEY A.R.S. 15-756 (A)

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

## PARENTS/GUARDIANS LIVING WITH STUDENT

~ NAME \_\_\_\_\_

RELATION TO STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS (print clearly) \_\_\_\_\_

~ NAME \_\_\_\_\_

RELATION TO STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL ADDRESS (print clearly) \_\_\_\_\_

## PARENTS/GUARDIANS AT DIFFERENT ADDRESS

~ NAME \_\_\_\_\_

RELATION TO STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS (print clearly) \_\_\_\_\_

Should this person receive school information? Y N

~ NAME \_\_\_\_\_

RELATION TO STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS (print clearly) \_\_\_\_\_

Should this person receive school information? Y N

## OTHER CHILDREN IN THE FAMILY — ADD MORE, IF NECESSARY, ON BACK OF THIS PAGE

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

## HOW DID YOU HEAR ABOUT MOUNTAIN OAK SCHOOL?

- ☐ Word of mouth/relative
- ☐ School website
- ☐ Phone book
- ☐ Internet search
- ☐ Sibling enrolled
- ☐ Other \_\_\_\_\_

## HAS STUDENT BEEN ENROLLED IN ANY OF THESE PROGRAMS?

- ☐ Special Education (IEP)
- ☐ SPEECH / LANGUAGE
- ☐ 504
- ☐ Other \_\_\_\_\_

## OFFICE USE:

Grade level \_\_\_\_\_

Teacher \_\_\_\_\_

SAIS # \_\_\_\_\_

Enroll Date \_\_\_\_\_

E code \_\_\_\_\_

Withdraw date \_\_\_\_\_

from previous school \_\_\_\_\_

Identity/ Age verified with \_\_\_\_\_

Initials \_\_\_\_\_

Enroll only if ALL are checked ...

- ☐ Age/ Identity Verification
- ☐ Immunizations/exemption
- ☐ Custody Papers or n/a
- ☐ Proof AZ residence
- ☐ ESEA form with signature

NOTES \_\_\_\_\_

Date Entered in SM \_\_\_\_\_

Initials \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE — I hereby acknowledge that the above is complete and all paperwork turned in:

\_\_\_\_\_ Date \_\_\_\_\_



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## EMERGENCY FORM 2020-2021

Student Last Name, First Name, MI \_\_\_\_\_

Student Birth date \_\_\_\_\_

2020-2021

Contact Priority (check one) ☐ 1 ☐ 2

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Priority (check one) ☐ 1 ☐ 2

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**In case of emergency, carpooling or if I cannot be contacted to pick up my child, I hereby authorize the release of my child to the following person(s) without any other advanced permission by me:**

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

**The following persons may not remove my child from school: Custody Papers on File? Yes or No**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

1) Please list all allergies to foods, medicines, insects or substances. Include anything to be avoided, reaction & procedure to follow:

2) Is there any physical or medical condition that we should be aware of? What precautions should be taken?

3) Is there any medication currently being taken? List medications:

4) Other special instructions:

5) Doctor's Name/Phone:

**Please check if you give permission for the school to give the following to your child if needed:**

☐ Ibuprophen (Advil) ☐ Tylenol ☐ Itch cream (Caladryl) ☐ Antacid (Tums) ☐ Homeopathics ☐ Cough Drops ☐ Neosporin

☐ Do not administer anything (other than what is checked) without calling me first

**Be it known that I, the undersigned parent/guardian of the named student, do hereby give and grant any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as in the judgment of said doctor or hospital may be required, on an *emergency basis*. It is further understood that any expense will be the responsibility of the parent/guardian of the student and in no event will payment of the expense be school responsibility.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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928.541.7700

## REQUESTED SCHOOL FEES 2020-2021

| Student Name   | Grade | Enrollment Date   | Days |
|--|-------|-------------------|------|
| <b>Yearly Fees (KG – 8<sup>th</sup> Grade)</b>   |       | <b>Yearly Fee</b> |      |
| <input checked="" type="checkbox"/> <b>Yearly Materials Fee</b> Covers natural pigment paints and crayons, colored pencils, painting paper, main lesson books, modeling beeswax/clay, other high quality materials used daily and Specialty Class fees for Woodwork, Handwork and Garden/Stewardship. (.94 cost per day)   |       | \$175             |      |
| <input checked="" type="checkbox"/> <b>Yearly Classroom Fee</b> <u>Kindergarten</u> : Covers the cost of everyday snacks, special baking and cooking used for bread, soup and other treats. <u>Grades</u> : This fee covers the costs of many class activities including admission fees to performances, seasonal art and food activities, some field trips, extra art supplies, costume fabrics, gardening and curriculum equipment and classroom enhancement items. (.35 cost per day) |       | \$60              |      |
| <b>Recorder Fees (1-5<sup>th</sup> grade only)</b>   |       |                   |      |
| Recorders are an important part of the curriculum and are used often. We use beautiful crafted wooden Choro recorders. They may be rented yearly or purchased:   |       |                   |      |
| <input type="checkbox"/> I will Rent for 2020-2021 School Year (1 <sup>st</sup> – 5 <sup>th</sup> gr.)   |       | \$25              |      |
| Or   |       |                   |      |
| <input type="checkbox"/> I will supply my own Pentatonic (grades 1-3) or Diatonic (grades 3-5) Recorder  |       |                   |      |
| <b>Violin Rentals (4-6<sup>th</sup> grade only)</b>  |       |                   |      |
| <input type="checkbox"/> I will be responsible for renting a violin through the Fiddle Doctor 928-778-9287 or Milano 928-308-0957 before the 1 <sup>st</sup> week of school.   |       |                   |      |
| Or   |       |                   |      |
| <input type="checkbox"/> I qualify for a scholarship and will submit an application to the front desk.   |       |                   |      |
| Or   |       |                   |      |
| <input type="checkbox"/> I Own a violin and will be responsible for bringing in the 1 <sup>st</sup> week of school.  |       |                   |      |
| <b>Recorder/ Percussion Rental (6-8<sup>th</sup> grade only)</b>   |       |                   |      |
| <input type="checkbox"/> <b>Rental</b> Students use soprano, alto and tenor recorders through the year as part of an ensemble. Students also participate in a trimester of percussion class using African drums.   |       | \$25              |      |
|  |       | <b>Subtotal</b>   | \$   |
| <b>Early Payment Credit (-\$10 if paid in full on or before 1<sup>st</sup> day of attendance)</b>  |       |                   | -\$  |
|  |       | <b>Total due</b>  | \$   |

### Suggested Payment Options (please check one):

- ☐ Full lump sum paid on or before the 1<sup>st</sup> day of attendance.
 ☐ online\*
 ☐ in the school office\*\*
- ☐ Monthly payments of \$\_\_\_\_\_
 ☐ online\*
 ☐ in the school office\*\*
- ☐ What I can contribute is: \$\_\_\_\_\_ every \_\_\_\_\_
 ☐ online\*
 ☐ in the school office\*\*
- ☐ If these fees are a hardship the school will waive fees

\*One-time & automatic monthly payments can be set-up at MountainOakSchool.org and clicking on 'Pay School Fees'

\*\*In the office we accept Visa, MasterCard, American Express and Discover as well as cash and checks. Please make checks payable to 'Mountain Oak School'

THANK YOU FOR YOUR SUPPORT!

### Office Use Only

Payment Amount \$\_\_\_\_\_ Pd Date \_\_\_\_/\_\_\_\_/20\_\_\_\_
 ☐ Cash
 ☐ Check # \_\_\_\_\_
 ☐ Paypal Online
 ☐ Paypal Here

☐ Schoolmaster entry
 ☐ Violin scholarship application
 ☐ Recorder Rental



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## PERMISSIONS FORM 2020-2021

I, \_\_\_\_\_, authorize for my child, \_\_\_\_\_ the following:  
*Parent/Guardian's Name* *Student's Name*

### I authorize the release of:

☐ Yes ☐ No CLASS DIRECTORY: My family's name, phone number and email for the class directory which is distributed to the families in your class and the Parent Association Chair at Mountain Oak School.

### Media Permission Authorization:

☐ Yes ☐ No MEDIA PERMISSION: I allow the use of my child's name and or photo to be distributed and or released on the MOS Website, MOS Facebook, MOS Newsletter, MOS brochures, newspaper, TV and or other public media.

### Walking Field Trip Permission:

☐ Yes ☐ No I hereby give my permission for my child to participate in walking field trips throughout the school year. I extend the Emergency Medical consent Form to cover my child on these walking field trips off the campus. Walking Field trips will take place within a one mile radius of the school and children will be supervised by teaching staff at all times. Motor vehicle trips will require your written permission for each individual trip.

### Bike/Walk Permission:

☐ Yes ☐ No I hereby give permission for my child to ride a bicycle or walk to and from school each day this school year unless otherwise instructed by me in writing. I understand that this permission form will be in effect for the entire school year and that it will be my responsibility to notify the school in writing if there are any changes.

By signing, I authorize that all the information on this page is correct:

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*



# Mountain Oak School

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## STUDENT RESIDENCY QUESTIONNAIRE 2020-2021

THIS MUST BE COMPLETED by all parents and or unaccompanied youth. The information provided on this form can assist your campus in identifying the students who are living in transitional housing or are highly mobile as defined by the McKinney-Vento Act. The answers to this residency information can help determine the services your child may be eligible to receive as defined at the bottom of this questionnaire.

### • SECTION A:

Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Male ☐ Female

Name of Student: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### • SECTION B:

1. Is your current address a temporary living arrangement? ☐ YES ☐ NO
2. Is this temporary living arrangement due to loss of housing or economic hardship? ☐ YES ☐ NO

**IF YOU ANSWERED "NO" TO QUESTIONS 1 & 2, SKIP TO SECTION C**

3. Is there a legal guardian or parent in the household for this child? ☐ YES ☐ NO
4. Where is the student presently living? (Check one)
- ☐ In a motel
  - ☐ In a transitional housing or shelter
  - ☐ Moving from place to place
  - ☐ With more than one family in a dwelling
  - ☐ In a place not designed for ordinary sleeping accommodations such as a car, park or campsite.

Current Address of Student: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### • SECTION C:

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

At this time is your family in need of assistance in any of the following areas?

- ☐ School Records
- ☐ Immunization or health records
- ☐ School supplies or clothing
- ☐ After-school programs
- ☐ Preschool/Headstart programs

**If you have questions about enrolling in school or need assistance with enrolling in school, contact:**

**Homeless Liaison School Director of Mountain Oak School at 928-541-7700**

\_\_\_ Copy to Director \_\_\_ Original in Student File

# **(Please Keep for Future Reference)**

## **Mountain Oak Student Residency**

### **Information for Parents and School Aged Children**

The Federal McKinney-Vento Act and Arizona state law guarantee that you can enroll in school if you live

- In a shelter (family shelter, domestic violence shelter, youth shelter or transitional living program);
- In a motel, hotel, or weekly-rate housing;
- In a housing or apartment with more than one family because of economic hardship or loss
- In substandard housing (no electricity, no water, and/or no heat); or
- With friends of family because you are a runaway or unaccompanied youth.
- ❖ If you live in one of these situations, you do NOT need to provide
  - Proof of residency,
  - Immunization records or a TB skin test result,
  - Birth certificate
  - School records, or
  - Legal guardianship papers to enroll in or attend school.
- ❖ You may also:
  - Continue to attend the school in which you were last enrolled, even if you have moved away from that school's attendance zone or district;
  - Receive transportation from your current residence back to your school of origin;
  - Qualify automatically for Child Nutrition Programs (Free and Reduced-Price breakfast, lunch and other district food program);
  - Contact the district liaison to resolve any disputes that arise during the enrollment process.

❖ If you have questions about enrolling in school or need assistance with enrolling in school, contact:

❖ Our School Director is Mountain Oak School's Homeless Liaison at 928-541-7700



## Mountain Oak School

1455 Willow Creek Rd ~ Prescott AZ 86301 ~ 928-541-7700

Sent  
2nd req  
3rd req  
NOTES:

Student Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Release records to:

Mountain Oak School

1455 Willow Creek Rd

Prescott AZ 86301

ATTN: Attendance Secretary

Or fax to 928-445-1301

Or scan and email to:

attendance@mountainoakschool.org

According to the Final Regulations (Family Educational Rights and Privacy Act, Buckley Amendment, June 17, 1976) It is no longer necessary to obtain written consent to release records between schools. School officials, including teachers within the educational institutions and officials of other schools in school systems in which the student may intend to enroll, may receive a student record without written consent from the parents/guardians.

### School Last Attended

School Name \_\_\_\_\_

Dates Attended \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

This student has enrolled at Mountain Oak School.  
Please send student records. Thank you.



ARS 15 828.F Notwithstanding any financial debt owed by the student, any school requested to forward a copy of a transferring student's record to the new school shall comply and forward the record within 10 days after receipt of the request.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

School Official \_\_\_\_\_ Title : ATTENDANCE SECRETARY





# Mountain Oak School

1455 Willow Creek Rd- Prescott, AZ 86301-928-541-7700

## PARENT/GUARDIAN VOLUNTEER FORM 2020-2021

*"In every community there is work to be done. In every nation there are wounds to heal. In every heart there is power to do it"*

*-Marianne Williams*

### EVENTS

- Event Planning ☐
- Event Set-up ☐
- Event Clean-up ☐
- Event Staffing ☐
- Cooking/Baking/Food Prep ☐

### OFFICE/CLERICAL

- Library Work ☐
- Office Help/Filing/Mailings/Organizing ☐

### FACILITIES

- Grounds/landscaping/gardening ☐
- Facilities Repair/ Handyman ☐
- Janitorial ☐

### CLASSROOM

- Festival Parent ☐
- School Lunch Coordinator ☐
- Field Trips/ Transportation ☐
- Playground Duty ☐
- Class Parent ☐
- Festival Parent ☐

### MARKETING/GOVERNANCE

- Web-Internet ☐
- Parent Association ☐
- Board Member ☐

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

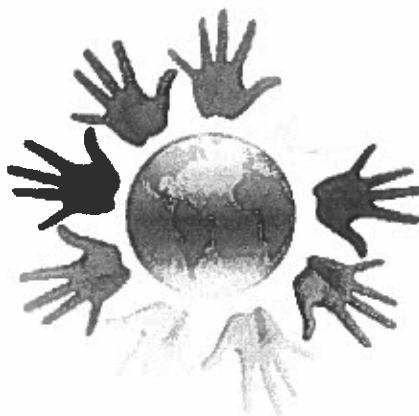
Email \_\_\_\_\_

Comments \_\_\_\_\_

Please indicate by checking the box in what capacity you could support volunteer needs.

Use the comments section above to state other volunteer areas you are interested in.

When opportunities arise, we will call to determine your availability at that time.





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## OUTDOOR MOVEMENT CURRICULUM



*An important aspect of our curriculum is the development of movement. This may be a reason you chose this school for your child.*

*Movement is essential for body and brain development. Our students go outside every day for part of main lesson, for recess and for movement education.*



### What is required for going outside ...

- ♦ **Running shoes** — We recommend providing an extra pair of shoes for movement class. Not acceptable are crocs or any kind of slip-ons.
- ♦ **Water bottle** — Essential to keeping students hydrated and in one location
- ♦ **Sun hat** — To prevent sunburn
- ♦ **Appropriate clothing** for full range of movement and weather conditions — If a girl is wearing a skirt there should be leggings underneath. If it is cold, please provide a jacket. If it is snowing, please provide waterproof boots, gloves and hat.

Students go outside in any weather except in severe rain. When they don't have coats, water bottles or appropriate footwear, valuable time is taken up resolving these issues.

### Here are some examples that underscore the need for your cooperation:

- ♦ Susie is playing tag with cowboy boots on or dress shoes that fall off. She twists her ankle or is impeded by bulky footwear.
- ♦ David is excited about playing in the snow but has no waterproof shoes so he has to stay inside. (There is not enough staff to adequately supervise indoor and outdoor recess simultaneously.)
- ♦ Stella is wearing a pretty dress so she refuses to sit on the ground or garden, or dig holes because she wants to keep her clothes tidy.
- ♦ Michael has a sunburn at the end of class.
- ♦ Abby is thirsty after running and doesn't have a water bottle. She is not allowed to go inside to the water fountain unattended.



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 \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

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

In SAIS, please indicate the student's home or primary language.



**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
- \_\_\_\_\_ 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, Veteran's 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

\*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. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.

**\*\* Use this form only if you live in someone else's residence. Have them complete and notarize below.**



## State of Arizona Affidavit of Shared Residence

Student Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School District or Charter Holder: \_\_\_\_\_

Name of Arizona Resident: \_\_\_\_\_

I, (resident name) \_\_\_\_\_ 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
- \_\_\_\_\_ 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, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

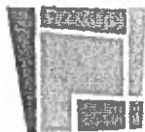
### Acknowledgement

State of Arizona  
County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
By \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public



# ARIZONA DEPARTMENT OF HEALTH SERVICES

Comments:

## Personal Beliefs Exemption Form

### Kindergarten – 12<sup>th</sup> Grade Only

Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents to decide whether or not to vaccinate their child.

By state law, (A.R.S. §15-873) a child will not be allowed to attend school until either proof of immunization or a completed exemption form is submitted to the school. The information below is provided to ensure that parents are informed about the risks of not vaccinating.

Place an "X" in the box to the left of the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.

|                          |  |                              |
|--------------------------|--|------------------------------|
| <input type="checkbox"/> | <b>Diphtheria (DTaP, Tdap, Td):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.  | Initials _____<br>Date _____ |
| <input type="checkbox"/> | <b>Tetanus (DTaP, Tdap, Td):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.   | Initials _____<br>Date _____ |
| <input type="checkbox"/> | <b>Pertussis (Whooping Cough) (DTaP, Tdap):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.   | Initials _____<br>Date _____ |
| <input type="checkbox"/> | <b>Polio (IPV):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.  | Initials _____<br>Date _____ |
| <input type="checkbox"/> | <b>Measles, Mumps, Rubella (MMR):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and brain damage. | Initials _____<br>Date _____ |
| <input type="checkbox"/> | <b>Hepatitis B:</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.   | Initials _____<br>Date _____ |
| <input type="checkbox"/> | <b>Varicella (Chickenpox):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.   | Initials _____<br>Date _____ |
| <input type="checkbox"/> | <b>Meningococcal:</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing meningococcal disease. Serious symptoms and effects of this disease include: brain damage, sepsis (systemic infection) permanent scarring or loss of limbs, and death.  | Initials _____<br>Date _____ |

Due to my personal beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child.

Initials \_\_\_\_\_

- I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no cost vaccination services are available from my local county health department and Arizona Department of Health Services ([www.azdhs.gov/phs/immunization/](http://www.azdhs.gov/phs/immunization/)).
- I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend school until the risk period ends, which may be 3 weeks or longer.

Child's Name \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_