



BUCKEYE

ELEMENTARY SCHOOL DISTRICT #33
A community passionate about student success

Bales Elementary	Buckeye Elementary	Inca Elementary
25400 W. Maricopa Road Buckeye, Arizona 85326 623-847-8503 623-327-0744 Fax Attendance Line 623-866-6002 bales@besd33.org Monday, Tuesday, Thursday, Friday 8:30 am to 3:45 pm Wednesday 8:30 am to 1:45 pm	211 S. 7th Street Buckeye, Arizona 85326 623-386-4487 623-386-7901 Fax Attendance Line 623-866-6001 buckeye@besd33.org Monday, Tuesday, Thursday, Friday 8:00 am to 3:15 pm Wednesday 8:00 am to 1:15 pm	23601 W. Durango Street Buckeye, Arizona 85326 623-925-3500 623-386-4690 Fax Attendance Line 623-866-6006 inca@besd33.org Monday, Tuesday, Thursday, Friday 8:30 am to 3:45 pm Wednesday 8:30 am to 1:45 pm
Jasinski Elementary	Marionneaux Elementary	Sundance Elementary
4280 S. 246th Avenue Buckeye, Arizona 85326 623-925-3100 623-327-2708 Fax Attendance Line 623-866-6005 jasinski@besd33.org Monday, Tuesday, Thursday, Friday 8:30 am to 3:45 pm Wednesday 8:30 am to 1:45 pm	24155 W. Roeser Road Buckeye, Arizona 85326 623-866-6100 623-000-0000 Fax Attendance Line 623-866-6007 marionneaux@besd33.org Monday, Tuesday, Thursday, Friday 8:30 am to 3:45 pm Wednesday 8:30 am to 1:45 pm	23800 W. Hadley Street Buckeye, Arizona 85326 623-847-8531 623-386-6049 Fax Attendance Line 623-866-6003 sundance@besd33.org Monday, Tuesday, Thursday, Friday 8:00 am to 3:15 pm Wednesday 8:00 am to 1:15 pm
WestPark Elementary	Preschool	Buckeye Family Resource Center
2700 S. 257th Drive Buckeye, Arizona 85326 623-435-3282 623-386-3398 Fax Attendance Line 623-866-6004 westpark@besd33.org Monday, Tuesday, Thursday, Friday 8:00 am to 3:15 pm Wednesday 8:00 am to 1:15 pm	640 Centre Avenue Buckeye, Arizona 85326 623-925-3921 623-386-6219 Fax Attendance Line 623-925-3921 preschool@besd33.org Monday - Friday 7:00 am to 4:30 pm	210 S. 6th Street, Bldg. 700 Buckeye, Arizona 85326 623-925-3911 623-386-3900 Fax frc@besd33.org Monday - Friday 8:00 am to 5:00 pm Summer Hours M-F 8:00 am to 5:00 pm



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INFORMATION SHEET

PICKING UP YOUR CHILD

Help us keep your child safe! Only those adults listed on your child(ren)'s CAN PICK UP list will be allowed to sign a child out of school. All adults will be required to provide photo ID before your child(ren) can be released. Please refrain from picking up your child(ren) within 15 minutes of their school's regular dismissal time.

VISITORS

Please sign in at the front office of the school. A visitor badge will be provided. This helps us keep track of visitors to our campus and assists with the safety of our students. Please do not forget to bring a photo ID to verify your identity.

PARENT PORTAL

If you would like to keep track of your child(ren)'s grades and attendance, please register for a parent portal account. Your child(ren)'s school office can provide you with information regarding a parent portal account. To access the parent portal please go to https://buckeye.apscc.org/login_pxp.aspx.

TRANSPORTATION

Student Transportation Services are a privilege and not a right. Buckeye Elementary School District may withdraw bus privileges from any student who fails to follow the bus rules or directions given by the bus driver or other adult supervisor. Location, pick up time, drop off time and bus rules are available upon request. If you have any questions or concerns in regards to transportation, please contact our Transportation Coordinator at 623-925-3440.

CHILD NUTRITION

We are committed to providing every student in our school community all the tools they need to succeed, including nutritious meals. We are pleased that we can continue our school meal program option which offers school breakfast and lunch every day to all students at no charge. Any child enrolled in our school district can eat at no cost and with no application required! If you have questions for Child Nutrition, please contact our Child Nutrition Director at 623-925-3421.

ARIZONA TAX CREDIT

Arizona tax law (ARS 43-1089.01) allows taxpayers a credit for contributions made or fees paid to a public school for support of extracurricular activities. The credit is a dollar for dollar credit that is equal to the amount contributed or the amount of fees paid. However, the credit cannot exceed \$200 for single taxpayers or heads of household. For married taxpayers who file a joint return, the credit cannot exceed \$400. The tax credit can be claimed on personal income tax returns only. Contributions from businesses are welcome and are deductible, but cannot be used to claim a tax credit. Contributions made between January 1st and April 15th may be used as a tax credit on the current year or the previous year Arizona income tax return. Please consult your tax advisor. Now accepting tax credit donations online at <https://az-buckeye.intouchrecepting.com>.

BUCKEYE FAMILY RESOURCE CENTER

The Buckeye Family Resource Center is a partnership between First Things First and Buckeye Elementary School District. The center serves the Buckeye community and its surrounding areas. The focus is on early childhood literacy, nutrition, health, and child-centered activities. Programs, resources and referrals are provided for family members of all ages and the community.

PRESCHOOL PROGRAM

Our mission is to lay the foundation for our preschoolers to be passionate about learning, ready for Kindergarten, and set them up for success in receiving a world class education. Students are provided opportunities to problem solve, interact with peers, identify emotions and learn to self-regulate and become more independent thinkers. Students grow cognitively through developmentally appropriate practices based on the Early Learning Standards. Growth and development are measured through Teaching Strategies Gold. Students gain these skills through intentional play, vocabulary enrichment, consistent schedules, circle time, developmentally appropriate centers, and individualized lessons with their teacher and various staff. Through intentional play our students learn to follow instructions, practice active listening, sharing, taking turns, negotiating and cooperating skills. We make learning fun! If you have any questions about our preschool program, please contact the preschool at 623-925-3921.

REGISTER TO VOTE

In the United States, voter registration is the responsibility of the people, and only 70 percent of Americans who are eligible to vote have registered. Please support your child(ren)'s school by registering to vote. For more information on registering to vote, please go to <http://www.dmv.org/az-arizona/voter-registration.php>.

2019-2020 Parent Calendar



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178 School Days

July 2019						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 2019						
S	M	T	W	T	F	S
				1	2	3
3	4	5	6	7	8	9
8	11	12	13	14	15	16
13	18	19	20	21	22	23
18	25	26	27	28	29	30

September 2019						
S	M	T	W	T	F	S
	1	2	3	4	5	6
22	7	8	9	10	11	12
27	14	15	16	17	18	19
32	21	22	23	24	25	26
36	28	29	30			
37						

October 2019						
S	M	T	W	T	F	S
			1	2	3	4
41	6	7	8	9	10	11
46	13	14	15	16	17	18
51	20	21	22	23	24	25
55	27	28	29	30	31	

November 2019						
S	M	T	W	T	F	S
					1	2
56	3	4	5	6	7	8
61	10	11	12	13	14	15
65	17	18	19	20	21	22
70	24	25	26	27	28	29
72						

December 2019						
S	M	T	W	T	F	S
			1	2	3	4
77	6	7	8	9	10	11
82	13	14	15	16	17	18
87	20	21	22	23	24	25
	26	27	28	29	30	31

JULY	
Jul 4	Independence Day (Holiday)
Jul 31	Staff Development

AUGUST	
Aug 1-2	Staff Development
Aug 5	Meet the Teacher Night (6:00pm-7:30pm)
Aug 5-6	Staff Development
Aug 7	First Day of School

SEPTEMBER	
Sep 2	Labor Day (Holiday)
Sep 23	Staff Development (No School)

OCTOBER	
Oct 4	End of 1st QT
Oct 7-11	Fall Break (No School)
Oct 16-17	Parent Teacher Conferences

NOVEMBER	
Nov 11	Veteran's Day (Holiday)
Nov 27-29	Thanksgiving (Holiday)

DECEMBER	
Dec 20	End of 2nd QT
Dec 23-31	Winter Break (No School)
Dec 25	Christmas Day (Holiday)

JANUARY	
Jan 1	New Year's Day (Holiday)
Jan 2-3	Winter Break (No School)
Jan 6	SCHOOL RESUMES
Jan 20	Martin Luther King Day (Holiday)

FEBRUARY	
Feb 5-6	Parent Teacher Conferences
Feb 17	Presidents' Day (Holiday)

MARCH	
Mar 6	End of 3rd QT
Mar 9-13	Spring Break (No School)

APRIL	
Apr 10	Good Friday (Holiday)

MAY	
May 21	Last Day of School (2 hour early out)
May 25	Memorial Day (Holiday)

January 2020						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2020						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March 2020						
S	M	T	W	T	F	S
	1	2	3	4	5	6
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2020						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2020						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2020						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Buckeye, Sundance & WestPark

Monday, Tuesday, Thursday, & Friday
8:00 am to 3:15 pm

Wednesday
8:00 am to 1:15 pm

Bales, Inca, Jasinski, & Marionneaux

Monday, Tuesday, Thursday, & Friday
8:30 am to 3:45 pm

Wednesday
8:30 am to 1:45 pm

No School
 Early Release

Staff Development, No Students
 School Holiday

Parent Teacher Conferences
 First & Last Day of School



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Enrollment Packet Checklist

YOU MUST BRING THE FOLLOWING DOCUMENTS WITH YOU AT THE TIME OF REGISTRATION. THE REGISTRATION PROCESS CANNOT BE COMPLETED UNLESS WE HAVE ALL THE FOLLOWING DOCUMENTS:

- Proof of Residency (*A.R.S. §15-802 Section B*)
- Immunization Record (*A.R.S. §15-872 Section B*)
- Original or Certified Copy of Birth Certificate (*A.R.S. §15-828 Section A*)
- Withdrawal Form from Pupil's Previous School Attended in this State (*A.R.S. §15-827 Section A*)

YOUR ENROLLMENT PACKET INCLUDES THE FOLLOWING FORMS TO BE COMPLETED AND RETURNED TO THE SCHOOL OFFICE:

- Registration Form – Part 1
- Registration Form – Part 2
- Authorization for Release / Request for Student Records
- Health Information Form
- Student Services Questionnaire
- McKinney-Vento Eligibility Questionnaire
- Student Surveys Consent Form
- Migrant Education Program
- PHLOTE Home Language Survey
- Arizona Residency Documentation Form or Affidavit of Shared Residence



BUCKEYE

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Student Registration Form - PART 1

STUDENT INFORMATION – NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name		Student's First Name		Student's Middle Name		Suffix	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (MM/DD/YYYY)	Age	Birth City			Birth State	Birth Country		
Student's Primary Home Address (REQUIRED)				Subdivision		City	State	Zip
Student's Mailing Address (if different from Home Address)				Subdivision		City	State	Zip
Primary Phone Number (REQUIRED) <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				Secondary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work				
What is the primary language used in the home regardless of the language spoken by the student? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____								
What is the language most often spoken by the student? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____								
What is the language that the student first acquired? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____								

Ethnicity (CHECK ONE) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NOT Hispanic/Latino	Race (Check ONE or MORE, regardless of ethnicity) <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION

1 CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father						
	Last Name, First Name (as it appears on Driver's License)				Email Address			Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Birth (MM/DD/YYYY)	Birth Place	Home Address, City, State, Zip <input type="checkbox"/> Same as Student					
	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			

PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION

2 CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father						
	Last Name, First Name (as it appears on Driver's License)				Email Address			Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Birth (MM/DD/YYYY)	Birth Place	Home Address, City, State, Zip <input type="checkbox"/> Same as Student					
	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			

PARENT/GUARDIAN INFORMATION – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION

3 CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	Lives With Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father						
	Last Name, First Name (as it appears on Driver's License)				Email Address			Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Birth (MM/DD/YYYY)	Birth Place	Home Address, City, State, Zip <input type="checkbox"/> Same as Student					
	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			

SCHOOL OFFICE USE ONLY

Start (Enter) Date:	Date Entered in SIS:	Enter Code:	Grade:	Teacher:	Student Perm ID#:	Entered into SIS by:
Previously Enrolled in District? <input type="checkbox"/> Yes <input type="checkbox"/> No Campus: _____	<input type="checkbox"/> Bus <input type="checkbox"/> Walker <input type="checkbox"/> Parent Pick Up	<input type="checkbox"/> ELL <input type="checkbox"/> SpEd/Speech <input type="checkbox"/> Migrant <input type="checkbox"/> 504 <input type="checkbox"/> Gifted <input type="checkbox"/> Homeless	CTDS: 070433	School #:	EdFi ID #:	



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Student Registration Form - PART 2

STUDENT INFORMATION - NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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STUDENT BACKGROUND INFORMATION

Name of previous school attended	Has the student ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, at what grade level? _____	Has the student been identified for Gifted Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Has the student ever attended another school in Arizona? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which school/district? _____	Has the student attended school in the USA within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which school/district? _____
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Has the student ever attended any of the Buckeye Elementary District Schools: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, indicate which school, year and grade attended:
Bales Elementary Year: Grade: _____	Marionneaux Elementary Year: Grade: _____
Buckeye Elementary Year: Grade: _____	Preschool Year: Grade: Preschool
Inca Elementary Year: Grade: _____	Sundance Elementary Year: Grade: _____
Jasinski Elementary Year: Grade: _____	WestPark Elementary Year: Grade: _____

LIST SIBLINGS ATTENDING ANY SCHOOL WITHIN BUCKEYE ELEMENTARY SCHOOL DISTRICT

Student's Last Name	Student's First Name	School	Grade
Student's Last Name	Student's First Name	School	Grade
Student's Last Name	Student's First Name	School	Grade
Student's Last Name	Student's First Name	School	Grade

DISCIPLINE INFORMATION-SUSPENSION/EXPULSION

Has this student ever been suspended from School? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date, Reason, School/District
Has this student ever been expelled from School? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date, Reason, School/District
Has either action ever been recommended for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date, Reason, School/District

STUDENT EMERGENCY CONTACTS: PERSONS OTHER THAN PARENT/GUARDIAN - NEED TO PROVIDE AT LEAST ONE

If my child is being sent home or must leave school and attempts to reach me have failed, I authorize the following persons to pick up my child. I understand that if the name of the person picking up my child does not appear on this list or the person does not have a photo ID, my child will not be released from school to that person.

1 Relationship: (Check ONE) <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+		
Last Name, First Name (as it appears on Driver's License)	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
2 Relationship: (Check ONE) <input type="checkbox"/> Aunt <input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling Age 18+ <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Uncle <input type="checkbox"/> Case Worker <input type="checkbox"/> Daycare <input type="checkbox"/> Cousin Age 18+		
Last Name, First Name (as it appears on Driver's License)	Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

HOW DID YOU HEAR ABOUT US

Please Choose One Facebook Family or Friend Instagram Mailer Movie Theater Twitter Website Word of Mouth Other _____

PARENT/GUARDIAN SIGNATURE

I, the undersigned, do hereby authorize officials of Buckeye Elementary School District to contact the person(s) named on this form or updated forms and/or permission is granted to transport, render aid, treatment or care as deemed necessary in an emergency. In the event the parent and other person(s) named on either form cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment. I will not hold the school district financially responsible for the emergency care and/or transportation of said child. I certify that I am a parent with legal control of the child. I understand that it is my responsibility to contact Buckeye Elementary School District if I wish to change any information on this form or to revoke my consent given herein.

Parent/Guardian Signature: _____ Date: _____



BUCKEYE

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Authorization for Release of and Request for Student Records

STUDENT INFORMATION - NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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PREVIOUS SCHOOL ATTENDED INFORMATION

Name of previous school attended		Name of District		
Address	City	State	Zip	
Phone	Fax	Email		

PARENT/GUARDIAN SIGNATURE

In accordance with A.R.S. § 15-828, I authorize the release of all records, to Buckeye Elementary School District, including birth certificate, academic (education), medical (health), psychological, special education, social development, and gifted information regarding the above pupil.

Parent/Guardian Signature:	Date:
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BELOW FOR OFFICE USE ONLY

REQUESTING SCHOOL

<input type="checkbox"/> Bales Elementary School 25555 W. Durango Street, Buckeye, AZ 85326 (623) 847-8503 / (623) 327-0744 (fax) Email: bales@besd33.org	<input type="checkbox"/> Marionneaux Elementary School 25555 W. Durango Street, Buckeye, AZ 85326 (623) 866-6100 / Email: marionneaux@besd33.org
<input type="checkbox"/> Buckeye Elementary School 25555 W. Durango Street, Buckeye, AZ 85326 (623) 386-4487 / (623) 386-7901 (fax) Email: buckeye@besd33.org	<input type="checkbox"/> Preschool 25555 W. Durango Street, Buckeye, AZ 85326 (623) 925-3921 / (623) 386-6219 (fax) Email: preschool@besd33.org
<input type="checkbox"/> Inca Elementary School 25555 W. Durango Street, Buckeye, AZ 85326 (623) 925-3500 / (623) 386-4690 (fax) Email: inca@besd33.org	<input type="checkbox"/> Sundance Elementary School 25555 W. Durango Street, Buckeye, AZ 85326 (623) 847-8531 / (623) 386-6049 (fax) Email: sundance@besd33.org
<input type="checkbox"/> Jasinski Elementary School 25555 W. Durango Street, Buckeye, AZ 85326 (623) 925-3100 / (623) 327-2708 (fax) Email: jasinski@besd33.org	<input type="checkbox"/> WestPark Elementary School 25555 W. Durango Street, Buckeye, AZ 85326 (623) 435-3282 / (623) 386-3398 (fax) Email: westpark@besd33.org

PLEASE SEND SPECIAL EDUCATION RECORDS FOR ALL SCHOOLS TO:

Buckeye Elementary School District ATTN: Student Service 25555 W. Durango Street, Buckeye, AZ 85326 Phone: (623) 925-3400 x3405 Fax: (602) 386-6063 Email: ddunning@besd33.org
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INFORMATION REQUESTED

<input type="checkbox"/> All Academic Records	<input type="checkbox"/> Immunization/Health Records
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Last Report Card
<input type="checkbox"/> Discipline Records	<input type="checkbox"/> MOWR Status (move on with reading)
<input type="checkbox"/> English Language Scores/Records (ELL)	<input type="checkbox"/> Test Scores
<input type="checkbox"/> Gifted Records	<input type="checkbox"/> Withdrawal Form

1st Request:	<input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Date Sent:	Requested By:
2nd Request:	<input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Date Sent:	Requested By:
3rd Request:	<input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Date Sent:	Requested By:



Health Information Form

STUDENT INFORMATION - NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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MEDICAL HISTORY - PLEASE MARK ANY ITEMS THAT APPLY TO THE ABOVE STUDENT

- Allergies (seasonal, environmental)
- Allergies (food, insects, drugs, latex, etc.): _____
- Arthritis
- Asthma
- Attention Deficit Disorder/Hyperactivity
- Behavior Problems
- Bladder or Bowel Problems
- Bleeding Disorder
- Cancer/Leukemia
- Chest/Lung Disease
- Chickenpox (indicate year): _____
- Diabetes
- Heart Condition
- Migraines
- Neurological Disorder
- Seizures (Epilepsy)
- Other: _____
- Other: _____

HEARING HISTORY - PLEASE MARK ANY ITEMS THAT APPLY TO THE ABOVE STUDENT

- Chronic Ear Infections
- Hearing Aids
- Known Hearing Loss (please provide documentation)
- Myringotomy (tubes in ears)

VISION HISTORY - PLEASE MARK ANY ITEMS THAT APPLY TO THE ABOVE STUDENT

- Color Deficiency
- Known Vision Loss Right Eye Left Eye Both Eyes
- Wears Contacts
- Wears Eyeglasses

OTHER HEALTH INFORMATION

Physician Name	Phone	Hospital
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Surgeries/Hospitalizations:

Other Health Information:

PARENT/GUARDIAN SIGNATURE

I, the undersigned, do hereby authorize officials of Buckeye Elementary School District to contact the person(s) named on the student's emergency contact list in the event the parent cannot be contacted. In the event the parent/guardian or emergency contact person(s) cannot be reached, the school officials are hereby granted authorization to transport, render aid, treatment or care as deemed necessary in an emergency. I will not hold the school district financially responsible for the emergency care and/or transportation of said child. I certify that I am a parent with legal control of the child. I understand that it is my responsibility to contact Buckeye Elementary School District if I wish to change any information on this form or to revoke my consent given herein.

Parent/Guardian Signature: _____ Date: _____



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Medication Authorization Form

Buckeye Elementary School District has over the counter medication "Standing Orders". With your permission, we will be able to administer over the counter medications to your child. We are asking all parents/guardians to sign a new authorization form for the administration of these medications. Medications will be dispensed by the School Health Office or the Principal's Designee. Written permission is valid for the current school year.

STUDENT INFORMATION				
Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent's Last Name	Parent's First Name	Parent's Phone		

MEDICATIONS - PLEASE MARK MEDICATIONS THAT THE ABOVE STUDENT IS ALLOWED OR NOT ALLOWED TO RECEIVE AT SCHOOL

*** Over the counter medications will only be administered between the hours of 11:00am to 2:30pm ***

Diphenhydramine (Benadryl) for mild allergic reactions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Throat/Cough Lozenges for sore throat or cough	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tums or Rolaids for upset stomach	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Acetaminophen (Tylenol) for minor pain or fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ibuprofen (Motrin) for mild pain or fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PARENT SIGNATURE

If a parent/guardian or designated friend/relative cannot be reached, I hereby give authority to any hospital or medical professional to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense if this service will be accepted by me.

Parent/Guardian Signature:

Date:

Formulario de autorización de medicamentos

El Distrito Escolar Primario de Buckeye tiene medicamentos de venta libre de "Ordenes permanentes". Con su permiso, podremos administrar medicamentos sin receta a su hijo. Le pedimos a todos los padres / tutores que firmen un nuevo formulario de autorización para la administración de estos medicamentos. Los medicamentos serán administrados por la Oficina de Salud Escolar o el Designado por el Director. El permiso por escrito es válido para el año escolar actual.

INFORMACIÓN DEL ESTUDIANTE				
Apellido del Estudiante	Nombre del estudiante	Fecha de nacimiento (MM/DD/AA)	Grado	Género: <input type="checkbox"/> M <input type="checkbox"/> F
Apellido del padre	Nombre del padre	Teléfono del padre		

MEDICAMENTOS-POR FAVOR MARQUE MEDICAMENTOS QUE EL ESTUDIANTE TIENE PERMITIDO O NO SE LE PERMITE RECIBIR EN LA ESCUELA

*** Los medicamentos sin receta sólo se administrarán entre las horas de 11:00 am a 2:30 pm ***

Diphenhydramine (Benadryl) para reacciones alérgicas leves	Sí <input type="checkbox"/>	No <input type="checkbox"/>
Pastillas para la tos o para el dolor de garganta	Sí <input type="checkbox"/>	No <input type="checkbox"/>
Tums o Rolaids para malestar estomacal	Sí <input type="checkbox"/>	No <input type="checkbox"/>
Acetaminofeno (Tylenol) para dolor leve o fiebre	Sí <input type="checkbox"/>	No <input type="checkbox"/>
Ibuprofeno (Motrin) para dolor leve o fiebre	Sí <input type="checkbox"/>	No <input type="checkbox"/>

FIRMA DE LOS PADRES

Si no se puede localizar a un padre / guardián o amigo / pariente designado, por la presente autorizo a cualquier hospital o profesional médico a prestar la ayuda inmediata que pudiera ser necesaria en el momento para su salud y seguridad. Se entiende por mí que el gasto por este servicio será aceptado por mí.

Firma del Padre / Tutor:

Fecha:



BUCKEYE

ELEMENTARY SCHOOL DISTRICT #33
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Student Services Questionnaire

STUDENT INFORMATION - NAME AS IT APPEARS ON BIRTH CERTIFICATE OR LEGAL DOCUMENT

Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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SPECIAL EDUCATION INFORMATION

Was your student receiving special education services at their previous school? Yes No

Was your student receiving 504 accommodations at their previous school? Yes No

Was your student receiving ELL services (English Language Learners) at their previous school? Yes No

If No to ALL above questions, please STOP and sign here → Parent/Guardian Signature: _____ Date: _____

If Yes to any of the above questions, please complete the below portion of this form and sign at the bottom

SELECT SPECIAL EDUCATION SERVICES RECEIVED OR 504 ACCOMMODATIONS RECEIVED:

<input type="checkbox"/> Autism	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Mild Intellectual Disability	<input type="checkbox"/> Severe Intellectual Disability	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Emotional Disability	<input type="checkbox"/> Moderate Intellectual Disability	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> 504 Plan: _____
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Speech/Language Impairment	<input type="checkbox"/> Other: _____

Do you have a copy of the current IEP or 504 Plan? Yes No

Do you have a copy of the current Psychological Evaluation Report (MET)? Yes No

*** If you have copies of the current IEP and MET Report, please provide a copy to the school or Student Services located at the Buckeye Elementary Central Office ***

PREVIOUS SCHOOL ATTENDED INFORMATION

Name of previous school attended		Name of District		
Address	City	State	Zip	
Phone	Fax	Email		

STUDENT AND PARENT INFORMATION

Student's Primary Home Address	City	State	Zip
Parent Name	Primary Phone Number	<input type="checkbox"/> Cell	<input type="checkbox"/> Home <input type="checkbox"/> Work

PARENT/GUARDIAN SIGNATURE

I hereby certify that I am the child's parent or legal guardian and that the information I have given above is true and correct to the best of my knowledge. I hereby authorize the release of special education records for the above child.

Parent/Guardian Signature: _____ Date: _____



BUCKEYE

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McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435
The answers will determine the services that the student may be eligible to receive.

Name of School				
Student's Last Name	Student's First Name	Date of Birth (MM/DD/YYYY)	Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F

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

3. Is the student under refugee status? Yes No
If yes, please indicate Country _____ Effective Date ____/____/____

4. If born outside of the US, are the parents in the US Military? Yes No

List all schools attended for the past three (3) years					
School Name	City	State	Country	School Year	Grade

If you answered NO to ALL of the above questions, you may stop here.
If you answered YES to ANY of the above questions, please complete the remainder of the form.

Where is the student presently living? (Check One)

In a motel

In a shelter

With more than one family in a house or apartment

In a place not designated for ordinary sleeping accommodations such as a car, park, or campsite

TRANSPORTATION

Will your child need transportation if it is determined that they qualify for the McKinney-Vento Act? Yes No

PARENT/GUARDIAN SIGNATURE

Name of Parent(s)/Legal Guardian(s):

Physical Address	City	State	Zip
Primary Phone (include area code)	Secondary Phone	Secondary Phone	

The undersigned Parent/Guardian certifies that the information provided is true and accurate.

Parent/Guardian: _____ Date: _____



BUCKEYE

ELEMENTARY SCHOOL DISTRICT #33
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Student Surveys Consent Form

STUDENT INFORMATION

Student's Last Name	Student's First Name	Grade
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The Buckeye Elementary School District Governing Board Policy JRR—Student Surveys, requires annual notification and written informed consent for the entire year from the parent of a pupil to participate in any survey administered pursuant to A.R.S. §15-117. A parent of a pupil may at any time revoke consent for the pupil to participate in any survey pursuant to subsection A of §15-117. All surveys conducted pursuant to subsection A of §15-117 shall be approved and authorized by the school district. A teacher or other school employee may not administer any survey pursuant to subsection A of §15-117 without written authorization from the school district.

A survey is only subject to §15-117 if the results are retained by the District for more than one year, it collects the student's name or other identifiable information, one or more questions in the survey impacts one or more of the protected areas listed in the statute, and the survey does not fall under one of the exceptions. A parent may agree to allow a child to participate in some surveys, but not in others. Surveys collected under §15-117 cannot be released to third parties without "de-identifying" the results.

If a parent or eligible student believes that the District is violating the FERPA, that person has a right to file a complaint with the U.S. Department of Education at:

The Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

PARENT CONSENT

No, my student is not allowed to participate in student surveys as administered pursuant to A.R.S §15-117.

Yes, my student is allowed to participate in student surveys as administered pursuant to A.R.S §15-117.

Yes, my student is allowed to participate in the selected A.R.S §15-117 student surveys and no others.
(A list of the types of survey areas are below, check the appropriate boxes)

SURVEY AREAS PROTECTED BY A.R.S. §15.117

CHECK THE FOLLOWING SURVEY AREAS IN WHICH YOUR STUDENT MAY PARTICIPATE:

- | | |
|--|---|
| <input type="checkbox"/> Critical appraisals about another person with whom the student has a close relationship | <input type="checkbox"/> Political affiliations/opinions/beliefs |
| <input type="checkbox"/> Gun or ammunition ownership | <input type="checkbox"/> Biometric information about the student |
| <input type="checkbox"/> Illegal/antisocial/ or self-incriminating behavior | <input type="checkbox"/> Quality of interpersonal relationships in the home |
| <input type="checkbox"/> Income or other financial information | <input type="checkbox"/> Religious practices/affiliations/beliefs |
| <input type="checkbox"/> Legally recognized privileged relationships, i.e., priest, attorney, doctor | <input type="checkbox"/> Self-sufficiency during an emergency/disaster/or essential services interruption plans |
| <input type="checkbox"/> Medical history/information | <input type="checkbox"/> Sexual behavior/attitudes |
| <input type="checkbox"/> Mental health history/information | <input type="checkbox"/> Voting history |

PARENT/GUARDIAN SIGNATURE

Parent/Guardian Signature:	Date:
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BUCKEYE

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Migrant Education Program

STUDENT INFORMATION			
Student's Last Name	Student's First Name	Student's Middle Name	School
NAME OF PERSON COMPLETING THIS FORM			
Relationship: (Check ONE) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father			
First Name		Last Name	
Home Address	City	State	Zip Code
Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS			
Have you worked in agriculture-related jobs (such as field work, fruit or vegetable packing companies, dairies, or ranches) in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you recently moved with your family from another city, state, Mexico or Canada to work in the fields, packing companies, dairies or ranches? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you left the school district with your family to go work in the fields, packing companies, dairies, or ranches? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered YES to any of the above questions, your children may be eligible for services through the Buckeye Elementary School District Migrant Program. You will be contacted to set up an interview with staff from the Migrant Program.			

Migrante Educación Programa

INFORMACION DEL ESTUDIANTE			
Apellido del Estudiante	Primer Nombre del Estudiante	Segundo Nombre del Estudiante	Escuela
NOMBRE DE LA PERSONA QUE COMPLETA ESTA FORMA			
Relacion: (Marque UNO) <input type="checkbox"/> Madra <input type="checkbox"/> Padre <input type="checkbox"/> Tutor <input type="checkbox"/> Padre Adoptivo <input type="checkbox"/> Madrastro <input type="checkbox"/> Padrastra <input type="checkbox"/> Padrastra			
Nombre		Apellido	
Direccion de Casa	Ciudad	Estado	Codigo Postal
Numero de Telefono Primario <input type="checkbox"/> Móvil <input type="checkbox"/> Casa <input type="checkbox"/> Trabajo		Número de teléfono alternativo <input type="checkbox"/> Móvil <input type="checkbox"/> Casa <input type="checkbox"/> Trabajo	
POR FAVOR RESPONDA SI O NO A LAS SIGUIENTES PREGUNTAS			
¿Ha trabajado usted en el campo de la agricultura, en la cosecha, empacadora de frutas y verduras, lecherías, o ranchos en los últimos tres años? <input type="checkbox"/> Sí <input type="checkbox"/> No			
¿Se ha mudado usted recientemente con su familia de otra ciudad, estado, México o Canadá para trabajar en el campo, cosechas, empacadoras, lecherías o ranchos? <input type="checkbox"/> Sí <input type="checkbox"/> No			
¿Ha salido usted de este Distrito Escolar Buckeye con su familia para trabajar en el campo, cosechas, empacadoras, lecherías o ranchos? <input type="checkbox"/> Sí <input type="checkbox"/> No			
Si ha Mercado Si en una de las preguntas es posible que cualifican sus niño para servicios del Programa Migrante del Distrito Escolar Buckeye, el personal docente del programa migrante les hablaran para hacer una entrevista con Ud.			



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)



**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 OF TECHNOLOGY RESOURCES IN INSTRUCTION

ELECTRONIC INFORMATION SERVICES USER AGREEMENT

Details of the user agreement shall be discussed with each potential user of the electronic information services (EIS). When the signed agreement is returned to the school, the user may be permitted use of EIS resources.

Terms and Conditions

Acceptable use. Each user must:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school employed persons.
- Not use the network in any way that would disrupt the use of the network by others.
- Not use the EIS for commercial purposes.
- Follow the District's code of conduct.
- Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary action up to and including expulsion for students.

In addition, acceptable use for District employees is extended to include requirements to:

- Maintain supervision of students using the EIS.
- Agree to directly log on and supervise the account activity when allowing others to use District accounts.
- Take responsibility for assigned personal and District accounts, including password protection.
- Take all responsible precautions, including password maintenance and file and directory protection measures, to prevent the use of personal and District accounts and files by unauthorized persons.

Personal responsibility. I will report any misuse of the EIS to the administration or system administrator, as is appropriate. I understand that many services and products are available for a fee and *acknowledge my personal responsibility for any expenses incurred without District authorization.*

Network etiquette. I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- *Be polite and use appropriate language.* I will not send, or encourage others to send, abusive messages.
- *Respect privacy.* I will not reveal any home addresses or personal phone numbers or personally identifiable information.

