



**GILA BEND UNIFIED SCHOOL DISTRICT #24  
2017-2018 ACADEMIC YEAR**

PO Box V  
308 N. Martin Ave  
Gila Bend, AZ 85337  
(928) 683-2225 Ofc  
(928) 683-2671 Fax

**REGISTRATION FORM**

**STUDENT DEMOGRAPHIC INFORMATION**

Last Name		First Name		Middle Name	Grade	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth (mm/dd/yyyy)	Student Cell Phone # (6-12 Grades)		Driver's License # (HS Only)				
Student Physical Address			City	State	Zip		
Student Mailing Address			City	State	Zip		

**Please answer all questions. Please print your answer clearly.**

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?  
\_\_\_\_\_

**Special Programs: (Please check any of the following that apply)**

- GIFTED
- ELL
- CHILD STUDY TEAM
- SPECIAL EDUCATION
- 504 PLAN

**Ethnic Code (check one)**

- White
- Hispanic (Mexican, Puerto Rican, and Cuban)
- Black

- Asian (Oriental, Pacific Islander, and Easter Indian)
- American Indian/Alaskan Native  
Tribal Name: \_\_\_\_\_
- Other: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Primary Parent/Legal Guardian			Secondary Parent/Legal Guardian		
Name:			Name		
Relationship to Student:	<input type="checkbox"/> Student Resides with You <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Legal Guardian		Relationship to Student:	<input type="checkbox"/> Student Resides with You <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Legal Guardian	
Mailing Address			Mailing Address		
City	State	Zip	City	State	Zip
Physical Address			Physical Address		
City	State	Zip	City	State	Zip
Home Phone (    ) -	Cell Phone (    ) -		Home Phone (    ) -	Cell Phone (    ) -	
Employer	Phone (    ) -		Employer	Phone (    ) -	



**GILA BEND UNIFIED SCHOOL DISTRICT #24  
2017-2018 ACADEMIC YEAR**

PO Box V  
308 N. Martin Ave  
Gila Bend, AZ 85337  
(928) 683-2225 Ofc  
(928) 683-2671 Fax

**EMERGENCY CONTACT**

**(In the event that parent/guardian is not available)**

Emergency Contact #1			Emergency Contact #2		
Name:			Name		
Relationship to Student:			Relationship to Student:		
Physical Address			Physical Address		
City	State	Zip	City	State	Zip
Home Phone (    ) -	Cell Phone (    ) -		Home Phone (    ) -	Cell Phone (    ) -	
Authorized to check student out? <input type="checkbox"/> YES <input type="checkbox"/> NO			Authorized to check student out? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**TRANSPORTATION**

Student will be brought to school (morning)    \_\_\_\_\_ School Bus    \_\_\_\_\_ Private Car    \_\_\_\_\_ Foot/Bicycle

Student will leave school (afternoon)    \_\_\_\_\_ School Bus    \_\_\_\_\_ Private Car    \_\_\_\_\_ Foot/Bicycle

If riding the bus, please choose a bus route below:

\_\_\_\_\_ San Lucy/Old 80    \_\_\_\_\_ Paloma/Palms    \_\_\_\_\_ South Side/Birchfield    \_\_\_\_\_ Desert/South 85 (Van)

**By signing below, I affirm, to the best of my knowledge, that the above information is correct and that I will notify the school each time there is a change in any of this information. I have read and understand the Student Handbook.**

Parent please print your name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

School ID	Birth Certificate	Returning Student	Immunization Records	ELL Proficient
Entry Date	Entry Code	Custodial Papers		Date
SAIS #	Grade Level	Special Services	Other	Authorized User



**GILA BEND UNIFIED SCHOOL DISTRICT #24  
2017-2018 ACADEMIC YEAR**

PO Box V  
308 N. Martin Ave  
Gila Bend, AZ 85337  
(928) 683-2225 Ofc  
(928) 683-2671 Fax

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

**PREVIOUS SCHOOL ENROLLMENT**

Last School Attended		Phone (    )    -
Address, City, State, ZIP		
School Fax	Date of Withdrawal	Grade
Reason for Withdrawal		

PURPOSE OF AUTHORIZATION FOR THE RELEASE OF RECORDS. As a parent or guardian you have the right to give permission or not give permission for the exchange of your child's records with other persons or agencies. This request provides you with the opportunity to approve or not approve such a request unless the release of records is allowed under one of the exceptions under the rules implanting the Family Education Rights and Privacy Act (FERPA), for example, transfer of records from one school district to another.

**CONSENT FOR RELEASE OF STUDENT RECORDS/INFORMATION**

**I certify that I am the parent or legal guardian of the student and that I have authority to execute this document regarding the student's educational records. I grant the release of Student Records and Information as requested by Gila Bend Unified School District.**

Parent please print your name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**REQUEST FOR RECORDS - OFFICIAL USE ONLY**

Student Last Name	Student First Name	DOB
-------------------	--------------------	-----

Dear Registrar:

The above mention student has enrolled at Gila Bend Unified School District #24 in the \_\_\_\_\_ grade. Please mail or fax the information requested on this form. Your prompt attention is appreciated.

Respectfully,  
Revi Sandoval  
(928) 683-2225 Ext. 111  
revis@gbusd.org

**Fax to: (928) 683-6415**  
**Email to: [revis@gbusd.org](mailto:revis@gbusd.org)**  
**Mail to: Gila Bend Unified Schools**  
**Attn: Revi Sandoval**  
**PO BOX V**  
**Gila Bend, AZ 85337**

Please forward the following: <input type="checkbox"/> Complete Transcript <input type="checkbox"/> Most Recent Report Card <input type="checkbox"/> Standardized Test Scores	<input type="checkbox"/> Health/Immunization Records <input type="checkbox"/> Special Ed Records <input type="checkbox"/> Attendance Records	<input type="checkbox"/> Discipline Records <input type="checkbox"/> SAIS# _____ <input type="checkbox"/> Any information deemed useful
--	--	---

Please Check ALL THAT APPLY:

<input type="checkbox"/> Served with IEP	<input type="checkbox"/> Under Suspension or Expulsion	<input type="checkbox"/> Missed more than 10 days of school last year
<input type="checkbox"/> Identified Academically Gifted	<input type="checkbox"/> Served by ESL	<input type="checkbox"/> Remedial Reading Class
<input type="checkbox"/> Served with 504 Plan	<input type="checkbox"/> Non English Speaking	<input type="checkbox"/> Remedial Math Class
<input type="checkbox"/> Other: _____		



**GILA BEND UNIFIED SCHOOL DISTRICT #24  
2017-2018 ACADEMIC YEAR**

PO Box V  
308 N. Martin Ave  
Gila Bend, AZ 85337  
(928) 683-2225 Ofc  
(928) 683-2671 Fax

**RELEASE OF STUDENT PERSONAL INFORMATION**

Enter Student's Full Name

I authorize Gila Bend Unified School District to publish the following information in school flyers, local newspapers, and/or internet.

- Publish student's name as shown  
 Do not publish student's name
- Publish student's photo  
 Do not publish student's photo
- Publish student's work  
 Do not publish student's work

Other Instructions:

I understand that this information could become available to anyone that reads the Gila Bend Sun, Arizona Republic, or World Wide Web.

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

\_\_\_\_\_  
Date

Please note that this release form does not replace the District's Acceptable Use Policy, nor imply permission to use internet services. Publication of this data is not a prerequisite to use internet services. School personnel must keep this completed form in your student's school records.



**GILA BEND UNIFIED SCHOOL DISTRICT #24  
2017-2018 ACADEMIC YEAR**

PO Box V  
308 N. Martin Ave  
Gila Bend, AZ 85337  
(928) 683-2225 Ofc  
(928) 683-2671 Fax

**VARICELLA (CHIKEN POX) IMMUNIZATION REQUIREMENT**

The Arizona Department of Health Services (ADHS) following the centers for Disease Control and Prevention (CDC) guidelines now require that your child have.

- 1 Dose of the Varicella vaccination before 13 years of age.
- 2 Doses if the first dose was given at 13 years of age or later.
- History of Varicella (Chicken Pox)

Please review your child's immunization record and check the correct box below and then bring in this letter **AND** your child's immunization record to the Health Aid prior to the beginning of the school year.

Yes, my student has had Varicella. (Chicken Pox)

Yes, my child has had the Varicella (Chicken Pox) immunization.

Student Name	DOB	Grade
Parent Signature	Date	

**Note: If your student has had neither Varicella nor the Varicella immunization please obtain the proper immunization before enrolling your student in school as mandated by the Arizona Department of Health Services. Please contact the school health office at (928) 623-2225 Ext. 115 with questions and concerns.**



**GILA BEND UNIFIED SCHOOL DISTRICT #24  
2017-2018 ACADEMIC YEAR**

PO Box V  
308 N. Martin Ave  
Gila Bend, AZ 85337  
(928) 683-2225 Ofc  
(928) 683-2671 Fax

**PRESCRIPTION MEDICATION POLICY**

If your child needs to take prescription medication during school hours, you are required to visit the Health Office and complete the necessary forms before medication can be dispensed to your child. It is against District Policy for a student to carry medications with them on campus. All medications, prescribed and over-the-counter must be locked in the Health Office.

***By signing this document you agree to abide by District Policy guidelines for prescription medications.***

Es en contra de la Política del Distrito que un estudiante lleve medicamentos consigo en el campus. Todos los medicamentos, recetados y no recetados deben ser encerrados en la Oficina de Salud.

***Al firmar este documento usted se compromete a cumplir con las directrices de política del Distrito para los medicamentos recetados.***

**Student Name:**

*(Nombre de Estudiante)*

\_\_\_\_\_

**Parent/Guardian Name:**

*(Nombre de Padre/Tutor)*

\_\_\_\_\_

**Parent/Guardian Signature:**

*(Firma de Padre/Tutor)*

\_\_\_\_\_



**GILA BEND UNIFIED SCHOOL DISTRICT #24  
2017-2018 ACADEMIC YEAR**

PO Box V  
308 N. Martin Ave  
Gila Bend, AZ 85337  
(928) 683-2225 Ofc  
(928) 683-2671 Fax

**OVER THE COUNTER MEDICATION & PRESCRIPTION MEDICATION QUESTIONNAIRE**

If you would like your student to receive over the counter medication, as needed, during the 2015-2016 school year this permission form must be on file in the health office completed and signed.

By signing this form you give Gila Bend Unified School District's authorized personnel permission to give your child over the counter medications as needed during school hours.

Print Student Name	Date of Birth
Please check the medication/treatment your student is allowed to receive.	
<input type="checkbox"/> Non-Aspirin Pain Reliever <input type="checkbox"/> Basic First Aid <input type="checkbox"/> Benadryl	<input type="checkbox"/> Cough Drop <input type="checkbox"/> Pepto Bismal <input type="checkbox"/> Triple Antibiotic Ointment
Print Parent Name	Parent Signature
Home Phone	Work Phone
Cell Phone	Other Phone

**ALLERGY AND PRESCRIPTION MEDICATION DISCLOSURE**

If your student needs to take a prescribed medication of any kind while on campus parents must make arrangements with the school Health Aid. However, in order provide the best care possible, we would like to know if there are any allergies or conditions that we need to be aware of or prescription medications that the student may currently be taking.

- Asthma
  - If checked does student have inhaler or nebulizer? \_\_\_\_\_
- Allergy that requires Epinephrine
  - If so, should the school have an EpiPen? \_\_\_\_\_

Please list all allergies here:
Any other conditions the school should be aware of?