



Welcome To Cottonwood Elementary!

Below you will find information and documents you will need to enroll your future Kindergartner. If your child's last name begins with the letter A through M, you are scheduled to come to the school office with all the necessary documentation and the enrollment packet completely filled out on Friday, March 5th. Families with children whose last name begins with N through Z will come on Friday, March 12th.*

Dates of Registration:

Friday, March 5th - A through M
Friday, March 12th - N through Z

Required Documents:

- ~ **Original** Birth Certificate
- ~ Immunization Record
- ~ Two Forms of Current Residence Verification
(See attached document for requirements)

*Please note that we will not be accepting enrollments that are missing any of the required documents listed above. We also will not be taking open enrollment registrations until you have been accepted.

We are excited about the upcoming school year and are happy you are here!

Front Office Number 879-2602



Enrollment Requirements

All students must have the following information in order to register in the Vail School District

- Immunization Records - Upon enrollment, Vail District schools require current immunization records. Pursuant to A.R.S. 15-843, a student shall not attend school unless documented proof of immunizations have been provided.
- Birth Certificate - The 1987 Legislature passed a law designated to help trace the location of any child who is reported missing. So that schools may assist in this effort, A.R.S. Sec. 15-828 requires that you, the parent or guardian of the child you are enrolling in our District provide **one** of the following documents:
 1. A certified copy of the pupil's birth certificate.
 2. 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.
 3. A letter from the authorized representative of an agency having custody of the pupil certifying that the pupil has been placed in the custody of the agency as prescribed by law.

Birth Certificate Information must be provided no later than 30 days from the enrollment date.

- Proof of Legal Guardianship/Custody - If divorced, legal documentation of custody agreement must be provided upon enrollment. If a guardian other than a natural parent will be registering the student, a court document showing current guardianship must be provided upon enrollment.
- Residence Verification Form - A.R.S. 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. Parent/Legal Guardian must provide at least two (2) forms of current verification upon enrollment. Documents presented must be in your name and legal residence.
- Withdrawal Form – If student has been enrolled in another Arizona school during the current school year, withdrawal form must be presented upon enrollment.



Vail Unified School District Residence Verification Form



A.R.S 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. This policy is written to assist districts and charter schools in meeting the legal requirements of the statute.

Student Name: _____

School: _____ School Year: _____

Parent/Legal Guardian Name: _____

Legal Residence Address: _____

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 at least two (2) forms of current verification at the time of enrollment. Documents presented must be in your name and residential address or physical description of the property where the student resides:

The information supplied, as a whole, must indicate clearly and reasonably that your legal residence is within the Vail Unified School District boundary, unless Open Enrollment has been granted. **Falsification of information will be grounds for the immediate withdrawal of the student(s) from school.**

All verifications are subject to final approval by the District. The District reserves the right to investigate the claim residency status and to require additional documentation to prove residency within the District or State. **Provide one proof of residence in the name and address of the resident from each section.**

Section I (Identity)

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ W-2 wage statement (recent)
- _____ Current Payroll stub with address (PO Box not acceptable)
- _____ Certificate of tribal (506 Form) enrollment 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)

Section II (District Residency)

- _____ 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
- _____ 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 (Affidavit provided by district)

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 current copy of the above documents that display my name and residential address or physical description of the property where the Parent/Legal Guardian and student resides (no P.O. Boxes). *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 onbase billeting facility as the address for proof of residency.

Signature of Parent/Legal Guardian: _____ Date: _____

*The residence of a student is the residence of the person having legal custody of the student, except as provided in A.R.S. 15-824(B) and in A.R.S. 15-825. Residency of the parent/guardian or surrogate may be determined by showing the individual's presence and intent to remain in the District. Vail Governing Board Policies, JF, JFAA and JFAB relate to the admission of the student.

Verified by: _____ School: _____ Date: _____

Medical Treatment Release

I give permission for Vail School District personnel to provide medical treatment, communicate medical information, and if necessary, I give permission for my child to be transported by whatever means necessary, as determined by school personnel, to the nearest emergency facility. This release may be used within Vail School District policies and during off campus activities.

GRANTED DENIED

Insurance Company: _____ Policy No. _____

Hospital Preferred: _____

Over-The-Counter Medical Administration Consent

Acetaminophen Yes No

Ibuprofen Yes No

Anti-Itch Ointment Yes No

Saline Eyewash Yes No

Benadryl Yes No

Triple Antibiotic Ointment Yes No

Cough Drops Yes No

Tums/Antacids Yes No

I grant permission for my child to receive, as needed, the over-the-counter medications indicated above. School personnel will not be held liable for complications from medication administration. Your child may be required to provide the over-the-counter medication.

Other Emergency Contact Information (list someone other than listed above)

Name _____
Relationship to Student _____
Home Phone _____
Work Phone _____ Cell _____

Name _____
Relationship to Student _____
Home Phone _____
Work Phone _____ Cell _____

Medical Information

Current Medical Conditions and recommendations or accommodations for such conditions as: asthma, diabetes, seizures, heart condition, neurological conditions, kidney/bladder condition, contagious diseases, vision, speech, hearing problems, etc. _____

Allergies (describe reaction) _____

Current Medication and Dosage (a Parent Consent and Physician's Statement signed by doctor must be on file before any medications can be administered). _____

Can your child participate in regular PE? Yes No (Physician's documentation must be on file in the health office) Comments _____

Past Medical Conditions (diseases, illnesses, injuries, surgeries, treatments, etc.) _____

It is Vail District practice that when a child has a communicable/ contagious disease they must be symptom free for 24 hours before returning to school. Reference Board Policy JLCC

As the parent/legal guardian of the student, I attest that I am a resident of the state of Arizona per A.R.S 15-802 (B) and I certify the information provided on this form is correct.

Parent/Legal Guardian Signature _____ **Date** _____

Office Use Only: Entry Date _____ Entry Code _____ Entered into PowerSchool by (initials) _____

Student ID: _____ Unique ID: _____ Previous School CTDS: _____



COVID-19 Parent/Guardian Acknowledgment and Disclosure

Each statement below should be read and initialed by the student's parent or guardian.

Signature by a parent or the child's guardian is required.

1. _____ I understand that during this COVID-19 public health emergency, I will NOT be permitted to enter the facility/school beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present at the facility/school and to limit to the extent possible everyone's risk of exposure.
2. _____ I understand that it is my responsibility to inform other members of my household of the information contained herein.
3. _____ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST wash my hands and wear a mask before entering. While in the facility, I will practice social distancing and remain 6 feet from all other people, except for my own child.
4. _____ I understand that in order to attend school, my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear, my child will be separated from the rest of the class and moved to a supervised, secure area. I will be contacted, and my child MUST be picked up within 1 hour of being notified.

Symptoms include:

- Fever of 100 degrees Fahrenheit or higher, and/or chills
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Any other symptom of illness, whether or not you believe it's related to COVID-19

While the District understands that many of these symptoms can also be due to non-COVID-19-related issues, we must proceed with an abundance of caution during this public health emergency.

Symptoms typically appear two to seven days after being infected. Your child will need to be symptom-free, without any medication, for twenty-four (24) hours before returning to school.

5. _____ I understand that as the parent/guardian, I will need to take my child's temperature prior to allowing my child to board a school bus or prior to coming to school. I understand that, as the parent/guardian, I must also conduct daily self-screening of my child for symptoms prior to the child arriving at school.
6. _____ I understand that over the course of the school day, my child's temperature will be taken.
7. _____ I understand that my child will be required to wash their hands throughout the day using CDC-recommended handwashing procedures.
8. _____ I understand that my child must wear a face covering throughout the day according to the protocols established by the District, unless a school-approved exemption applies.
9. _____ I will immediately notify the School Point of Contact if I become aware that my child has had close contact with any individual who has been diagnosed with COVID-19. The CDC defines "close contact" as being within 6 feet of an infected person for at least 15 minutes starting from two days before illness onset (or, for asymptomatic patients, two days prior to specimen collection) until the time the patient is isolated.
10. _____ The School/District will continue to follow the guidelines of both the CDC and state and local officials. As changes occur, parents and guardians will be notified. The Site Point of Contact will contact the Arizona Department of Health Services if any staff member or student contracts COVID-19 to help make crucial decisions on next steps.
11. _____ I understand that, while present at school each day, my child will be in contact with children and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove the risk of exposure to COVID-19. I understand that the members of my family play a crucial role in keeping everyone at school safe and reducing the risk of exposure by following the practices outlined herein.

I, _____, certify that I have read, understand, and agree to comply with the provisions listed herein.

Child's Name: _____

Child's DOB: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____