

WINDOW ROCK UNIFIED SCHOOL DISTRICT #8

NEW STUDENT ENROLLMENT FORM

Please mark school your child will be enrolled at:

- ☐ Tsehootsooi Primary Learning Center (K-3) ☐ Tsehootsooi Middle School (7-8) ☐ Window Rock High School (9-12)
☐ Tsehootsooi Intermediate Learning Center (4-6) ☐ Tsehootsooi Dine Bi' Olta (K-6) ☐ Integrated Pre-School

School Year 2024-2025
 GRADE:

STUDENT INFORMATION

Student Name (Last, First, M.)		Age	Gender	Birthdate	Birthplace
NOTE: This information is required by the US Department of Education.					
Ethnicity: (check one) <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> NOT Hispanic/ Latino RACE: (check one) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian					
Tribe Enrolled		Census Number	Custody Issues: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide court documents to school office. Child Lives with: <input type="checkbox"/> both parents <input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> Legal Guardian		
Mailing Address		City/Zip Code	Home Phone	Cell/ Message Phone	
Physical Address			City/Zip Code	RA#	
Last School Attended		School Address			Grade
Has this student ever received special education services? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, is there a current IEP for this student? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, contact the ESS Office. Has this student received any of the following services? <input type="checkbox"/> ELL/ESL Classes <input type="checkbox"/> Gifted / Advanced <input type="checkbox"/> 504 Plan <input type="checkbox"/> Remedial Reading <input type="checkbox"/> Individual Counseling					

PARENT(S) OR LEGAL GUARDIAN(S)

Father/Guardian Full Name	Tribe	Chapter	Census No.
Employer	Work Phone	Cell Phone	Email Address
Mother/Guardian Full Name	Tribe	Chapter	Census No.
Employer	Work Phone	Cell Phone	Email Address

EMERGENCY CONTACT AND/OR STUDENT CHECK OUT

If the school is unable to contact the parent(s)/guardian(s), I authorize the following persons to take/check out my child(ren). Please list individuals over the age of 18 years old.

Local Friend /Relative Name	Relationship	Home Phone	Work Phone	Cell Phone
1.				
2.				
3.				
4.				
5.				

SIBLING LIST Please list ALL brothers and sisters of school age and younger (oldest first).

Name (Last, First)	Age	School (if attending)	Grade

STUDENT HEALTH CONDITIONS-Medical Consent:

☐ Heart ☐ Asthma ☐ Diabetes ☐ Hearing ☐ Allergies • Is your Child on daily medication? ☐ YES ☐ NO Specify: _____

• Specify health problems or any severe allergies: _____

• History of Diabetes (high blood sugar), please list family member and relationship _____

• My child may be given an antacid for upset stomach? ☐ YES ☐ NO My child may be given Tylenol and/or Ibuprofen for fever or discomfort? ☐ YES ☐ NO

• I give my consent for my child to be included in the WRUSD Health Program. All treatments performed follow the School Health Laws of the State of Arizona.

• I give my consent for the following medical care to be administered. Care of mild illness and minor injuries by the school nurse, using Standard Basic First Aid procedures.

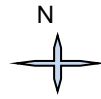
• In case of an emergency, illness or accident, the school is authorized to take the child to the Tsehootsooi Medical Center for examination and treatment of other services: General Health Screening (vision, hearing, etc.); Personal Hygiene (shower, brushing teeth, etc.); Dental Examination, Fluoride Rinse; School based Teen Health Clinic - Mental Health/Counseling.

I confirm that all Registration & Emergency Information on this form is accurate and correct including my medical consent for my child.

Parent/Guardian Signature: _____

Date: _____

STUDENT MAP: Please draw directions to your residence.



STUDENT DIRECTORY INFORMATION RELEASE FORM

I, hereby give consent for the release of student directory information as it applies to school and related activities such as yearbook, athletics, musical programs, honors, awards, commencement, etc. This release shall not apply to confidential student records such as test scores, transcripts, evaluations, etc. This consent will remain in effect unless or until permission is revoked by the parents requesting in writing such a revocation. Details of board policy as to the release of directory information may be secured by contacting the school office.

Student Name: _____

Parent/Guardian: _____

*This release form is necessary to meet the requirements of AZ State Statue 15-142

STUDENT MEDIA PERMISSION

WRUSD is requesting permission to use your child's picture for news releases. Your child(ren) is sometimes involved in school programs, awards, and other recognitions that WRUSD would like to share with the community through newspapers, radio announcements, and videos that maybe televised. WRUSD will release photos and other media only with your permission to do so.

I, Parent/Legal Guardian, provide release of photographs and other media for the purposes stated below:

- Newspaper journalists, (The Navajo Times, and other newspapers), to photograph my child for use in newspaper articles.
- Researchers to photograph my child for use in publications.
- Approved Television crews to televise my child for use in community education and awareness programs.
- WRUSD#8's schools to photograph or videotape my child for use in school newsletters, and other public displays in the interest of public education.
- WRUSD#8 schools' staff to videotape my child for program documentation and evaluation.
- WRUSD#8 schools' staff to use photographs, but not names, of my child on school's internet website.

Please check one of the boxes: ☐ YES ☐ NO

ATTENDANCE

State Law mandates that the school record reasons for all student absences.

Therefore, when a student is absent, it will be necessary for the parent to call the school on or before the day of the absences to advise the school as to the reason for the absence. When it is impossible to call on the day of the absence, the school should be notified on the morning the student returns, in time for the student to obtain an admission slip prior to the student's first class. All absences not certified by parental or administrative authorization will remain unexcused. Students will be withdrawn from school after missing 10 consecutive days.

If a parent does not have access to a phone, either at home or at work, a note will be accepted for verification purposes. For absences greater than on day in length, the school should be notified each day of the absence.

All personnel will solicit cooperation from parent in the matter of school attendance and punctuality, particularly regarding the following:

- The scheduling of medical and dental appointment after school hours except in the case of emergency.
- The scheduling of family vacations during school vacation and recess periods.

The school may require an appointment card or a letter from a hospital or clinic when the parent has not notified the school of an appointment of medical or dental nature. School administrators are authorized to excuse students from school for necessary and justifiable reasons.

Legal Ref: ARS 15-346, 15-802, 15-806, 15-807, 15-843, 15-873, 15-902, Cross Ref: JE-Student Attendance- District Manual

I have reviewed and agree with the policies above:

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY		<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Indian Blood <input type="checkbox"/> Immunization <input type="checkbox"/> Official Withdraw Form <input type="checkbox"/> Official Transcripts		
BUS ROUTE	To School	To Home	Child Care	Teacher
Staff Initial	First Day of Attendance	Date Entered PowerSchool	Student ID#	

Continuous Notice of Nondiscrimination- The Window Rock Unified School District #8 does not discriminate on the basis of race, color, religion, national origin, sex, disability, age or sexual orientation in admission or access to its programs, services, activities, or in any aspect of their operations and provides equal access to all programs. The Window Rock Unified School District #8 also does not discriminate in its hiring or employment practices. The following individual has been designated to handle inquiries regarding the nondiscrimination policies: Superintendent; Navajo Route 12; Fort Defiance, AZ 86504; 928-729-6706
****Translation services are available through the Office of the Superintendent. Please see call (928) 729-6706 for translation services.*

SY 2024-2025 Window Rock Unified School District No. 8 Student Residency Questionnaire

ALL INFORMATION
IS CONFIDENTIAL

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.

Section A

Name of individual completing this form: _____ Today's Date: _____

Your Phone Number: _____ Your Email: _____

Student Name: _____ Birth Date: _____ Current grade: _____

Last school attended: _____ City, State, Zip _____

Do you have additional children attending school in our district? Yes ☐ No ☐ Do you have children of the preschool age? Yes ☐ No ☐

Please provide information about additional children attending school in our district or of preschool age.

Last Name	First Name	Grade	School	District

Address of where the student slept last night: _____

Is this address based on a temporary living arrangement? Yes ☐ No ☐

(Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship, or similar reason; car; park; campsite.)

**NOTE: If you checked "No" to the temporary living arrangement, you may STOP here.
If you checked "Yes", please continue to Section B.**

Section B

Name of the parent/guardian/adult caring for the student: _____

Relationship to the student: _____

If the address you provided in **Section A** is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes ☐ No ☐

Please place an "X" in each box that best describes where the student sleeps at night.

☐ In a place that does not have windows, doors, running water, heat, electricity, or overcrowded.

☐ Staying with a friend or relative because of loss of housing, economic hardship, or similar reason.

(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

What date did you begin staying here? _____

☐ In a shelter/transitional housing program (name of agency):

What date did you begin staying here? _____

☐ In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)

Provide the main cross streets of this unsheltered location: _____

☐ In a hotel/motel (name of hotel/motel & address) _____

What date did you begin staying here? _____

☐ With an adult that is not a parent or court appointed legal guardian.

☐ Alone, not in the care of a parent or court appointed legal guardian.

☐ None of the above (Please explain): _____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

Signature of Person Providing Information _____ Date _____

For McKinney-Vento District Liaison Use Only

Please note, the student's cumulative file should not include a copy of this form. Do not make copies of this form. If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: _____

Please check the housing types that apply:

Sheltered ☐ Doubled-up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel ☐

Unaccompanied youth: Yes ☐ No ☐ Transportation to school of origin needed: Yes ☐ No ☐

WRUSD M.V. District Liaison Signature

Date



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ____child ____child's parent ____child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335



WINDOW ROCK UNIFIED SCHOOL DISTRICT NO. 8
POWERSCHOOL PARENT PORTAL REGISTRATION FORM
SY 2024-2025



Please fill out this form to receive your ID and password to view your student's grades and attendance using the PowerSchool Parent Portal.

Ensure Up-to-the-Minute Data

Powerschool is a web-based student information system with a centralized database. When teachers enter grades and attendance information for their class, data is immediately available to the school, district office, parents, and students.

Increase Parental Involvement

With Powerschool, parents/guardians can access attendance and grades for their children quickly and accurately. They can see the results of tests and assignments as soon as they are recorded, enabling them to intervene quickly, if necessary. Parents can check the latest homework assignments and offer their children help with their schoolwork. Day in and day out, Powerschool helps parents help children achieve their potential.

Print Student Name: _____ School: _____ Grade: _____

Parent Email: _____ Parent Phone: _____

Print Parent Name: _____ Address: _____

Parent Signature _____ Date: _____

Official Use Only

Approved/Verified By: _____ Date: _____
(Parent Educator/Registrar Signature)

Entered Powerschool ☐ Applicant Email Sent ☐

*Continuous Notice of Nondiscrimination- The Window Rock Unified School District #8 does not discriminate based on race, color, religion, national origin, sex, disability, age or sexual orientation in admission or access to its programs, services, activities, or in any aspect of their operations and provides equal access to all programs. The Window Rock Unified School District #8 also does not discriminate in its hiring or employment practices. The following individual has been designated to handle inquiries regarding the nondiscrimination policies: Superintendent; Navajo Route 12; Fort Defiance, AZ 86504; 928-729-6706
***Translation services are available through the Office of the Superintendent. Please see call (928) 729-6706 for translation services.*

WINDOW ROCK UNIFIED SCHOOL DISTRICT NO. 8
STUDENT INTERNET USE FORM
SY 2024-2025

The Window Rock Unified School District (WRUSD) offers world-wide web Internet access to your child at his/her school. This access offers vast, diverse, and unique resources to students and district personnel to promote educational excellence in the Window Rock District School. The purpose of this document is to inform parents/guardians and students of the availability of the Internet resources as well as the rules governing its use and to obtain parental/guardian permission for an individual student to use the Internet while at school.

The educational value of appropriate information on the Internet is abundant. The Internet is composed of Information provided by institutions and people all over the world and includes material that is not of educational value in the context of the school setting. WRUSD does not condone or permit the use of this material. It is a joint responsibility when using the Internet. One of the district goals is to support students with responsible use of this technological information. Student educational Internet access is available to students only on computers that are in highly traveled areas of the school building such as classrooms, computer laboratories and the media center. Parents/Guardians must be aware that while at school, direct supervision by school personnel to each student using the computers is not always possible. Thus, students are expected to use the resources in a manner consistent with this contract and will be held responsible for their use. Additionally, parents should discuss with their children their own expectations for their child's Internet use.

PROPER AND ACCEPTABLE USE: The use of the Internet, including the world-wide web in any WRUSD School must be in support of education and academic research and consistent with the educational objectives of the WRUSD.

- Internet activities that are permitted and encouraged:
- Investigation of topics being studied in school.
- Investigation of opportunities outside of school-related to community service, employment, or further education.

INTERNET ACTIVITIES ARE NOT PERMITTED:

- Searching, viewing or retrieving materials that are not related to school work, community service, employment or further education (thus, searching or viewing sexually explicit, profane, violence promoting, or illegal materials is not permitted), copying, saving or redistributing copyrighted material (users should assume that all material(s) is copyrighted unless explicitly noted);
- Subscription to any services or ordering of any goods or services.
- Sharing of the student's home address, phone number or other information.
- Playing games or using other interactive sites such as chats, MUDs and MOOs unless specifically assigned by a teacher.
- Any activity that violates a school rule or a local, state, or federal law.

If a student has any questions about whether a specific activity is permitted, he or she should ask a teacher or administrator. If a student accidentally accesses inappropriate material she or he should back out of that information at once.

RELIABILITY: WRUSD makes no warranties of any kind, whether expressed or implied, for the service it is providing. WRUSD will not be responsible for any damages you suffer. This includes non-deliveries, mis-deliveries, or service interruptions caused by negligence or your errors or omissions. Use of any information obtained via the Internet is at the user's own risk. WRUSD specifically denies any responsibility for the accuracy or quality of information obtained through the Internet.

EXCEPTION OF TERMS OF CONDITIONS: All terms and conditions as stated in this document are applicable to the WRUSD. These terms and conditions reflect the entire agreement of the parties and supersede all prior oral or written agreements and understandings of the parties for in-school Internet access. These terms and conditions shall be governed and interpreted in accordance with the laws of the State of Arizona, United States of America

MISUSE: Violation of the terms of this agreement may result in suspension or revocation of a student's access to the Internet. Any action taken by a student which is in violation of a school guideline will be subject to the usual disciplinary actions. Your signature(s) below this agreement is (are) legally binding and indicates the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance.

PARENT OR GUARDIAN: (if the applicant is under the age of 18 a parent or guardian must read and sign this agreement.) As the parent or guardian of this student I have read and agree to the Terms and Conditions for In-school Use of Internet Resources. I understand that this access is designed for educational purposes and the student named below is expected to use the resources according to the specified guidelines. I have discussed these guidelines with the student and believe he or she understands them. I also recognize that it is impossible for WRUSD to control information available to students through the Internet and I will not hold the student's school or the WRUSD or any one its employees responsible for materials this student may acquire on the network. I hereby give my permission for the student named above to use the Internet at school and certify that the information contained on this form is correct.

Print Student Name _____

Print Parent or Guardian's Name _____

Parent or Guardian's Signature _____

Date: _____

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Window Rock Unified School District No. 8

P.O. Box 559
Navajo Route 12
Fort Defiance, Arizona 86504

Office: 928.729.6706
Fax: 928.729.6841
www.wrschool.net

JFAA-EA ©

EXHIBIT

ADMISSION OF RESIDENT STUDENTS ARIZONA RESIDENCY DOCUMENTATION FORM

Student Name: _____ School Name: _____

School District or Charter Holder: **WINDOW ROCK UNIFIED SCHOOL DISTRICT #8**

Parent/Legal Guardian Name: _____

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 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 (JFAA-EB).

Signature of Parent/Legal Guardian

Date

Window Rock Unified School District No. 8

P.O. Box 559
Navajo Route 12
Fort Defiance, Arizona 86504

Office: 928.729.6706
Fax: 928.729.6841
www.wrschool.net

JFAA-EB ©

EXHIBIT

ADMISSION OF RESIDENT STUDENTS STATE OF ARIZONA AFFIDAVIT OF SHARED RESIDENCE

Student Name: _____ School Name: _____

School District or Charter Holder: **WINDOW ROCK UNIFIED SCHOOL DISTRICT #8**

Parent/Legal Guardian Name: _____

Name of Arizona Resident: _____

I, _____ 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 Apache

The foregoing was acknowledged before me this _____ day of _____, 20_____.

By _____.

My Commission Expires: _____

Notary Public

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SY 24-25



Window Rock Unified School District No. 8
P.O. Box 559 Fort Defiance, Arizona 86504
RECORD/TRANSCRIPT REQUEST FORM

STUDENT NAME		DATE OF BIRTH	GRADE
FORMER SCHOOL INFORMATION			
SCHOOL			
MAILING ADDRESS			
CITY		STATE	ZIP CODE
PHONE		FAX NUMBER	

PARENT AUTHORIZATION FOR RELEASE OF RECORDS

I hereby authorize, by my signature below, for my child's SCHOOL RECORDS, including all GRADES, TEST SCORES, IEP's and any other information pertinent to his/her transcript to be sent to the WRUSD school requesting them.

PRINT PARENT/LEGAL GUARDIAN NAME	PARENT/LEGAL GUARDIAN SIGNATURE	DATE

Official Use Only

REQUEST	DATE	PRINT NAME/TITLE	SIGNATURE
1 ST			
2 ND			
3 RD			

I hereby and herein request for the following Transfer Documents:

- | | | | |
|----------------------------------------------------|----------------------------------------------|----------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> School Test Scores | <input type="checkbox"/> School Report Cards | <input type="checkbox"/> Individual Counseling | <input type="checkbox"/> Gifted/Talented |
| <input type="checkbox"/> ESL/ELL Bilingual Classes | <input type="checkbox"/> Remedial Reading | <input type="checkbox"/> Special Education Classes | |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Other: _____ | |

SCHOOL MAKING TRANSCRIPT REQUEST

- | | |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> INTEGRATED PRESCHOOL/EXCEPTIONAL STUDENT SERVICES
Phone (928) 729-6758
Attn: Kaleen Curtis | <input type="checkbox"/> TSEHOOTSOOI DINE BI'OLTA (K-6)
Phone (928) 810-7733
Attn: Velda Anderson |
| <input type="checkbox"/> TSEHOOTSOOI PRIMARY LEARNING CENTER (K-3)
Phone (928) 729-7852
Attn: Sandra Begay | <input type="checkbox"/> TSEHOOTSOOI MIDDLE SCHOOL (7-8)
Phone (928) 729-6819
Attn: Heather Peshlakai |
| <input type="checkbox"/> TSEHOOTSOOI INTERMEDIATE LEARNING CENTER (4-6)
Phone (928) 729-6825
Attn: Linaka Guy | <input type="checkbox"/> WINDOW ROCK HIGH SCHOOL
Phone (928) 729-7005
Attn: Francine Yazzie |

Continuous Notice of Nondiscrimination- The Window Rock Unified School District #8 does not discriminate based on race, color, religion, national origin, sex, disability, age or sexual orientation in admission or access to its programs, services, activities, or in any aspect of their operations and provides equal access to all programs. The Window Rock Unified School District #8 also does not discriminate in its hiring or employment practices. The following individual has been designated to handle inquiries regarding the nondiscrimination policies: Superintendent; Navajo Route 12; Fort Defiance, AZ 86504; 928-729-6706
***Translation services are available through the Office of the Superintendent. Please see call (928) 729-6706 for translation services.