Donaldson Elementary School

Acknowledgement / Registration Checklist

New Student Packet Registration

Student_____
Last Name First Name

Current Grade: _____ Next Year's Grade: _____

Parent Signature Required_____Date _____

Forms and Documents *Required* for New Students

- ☐ Acknowledgement /Checklist
- ☐ Student Registration
- ☐ Residency Form
- ☐ Parent ID
- ☐ Health Information Form
- ☐ McKinney-Vento Questionnaire
- ☐ Primary Home Language Survey
- ☐ Student Records Request
- ☐ Birth Certificate-**Original Only**
- ☐ Immunization Records – ***REQUIRED TO START SCHOOL (see Health Aide)***
- ☐ Withdrawal Form – prior school
- ☐ Proof of Residency Document ***MANDATORY***

  *Attach ONE of the examples below:

  Utility bill, tax, deed, pays stub, insurance, bank statement, driver's license, lease or rental agreement, mortgage.

Additional Documents if Applicable

☐ Custody Document ☐ Pending Custody

(Court Order/Decree/Custody Document/Hearing date document/ Power of Attorney

☐ IEP ☐ Evaluation Reports ☐ 504 ☐ Gifted

Has your student ever attended another Amphi School? Yes _____ No _____

If yes, School_____Grade or Year attended _____

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 Amphitheater Public Schools - District 10

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)

Amphitheater Public Schools - Student Registration Form

School	Donaldson Elementary		
School Year	2023-24	Entering Grade Level for Given School Year	

Directions: After completing this form, please save a copy on your computer. The Student Registration Form, along with any accompanying documentation, can be turned into the front office of the school you are enrolling your student.

STUDENT INFORMATION (Please PRINT student name exactly as it appears on the birth certificate)

Legal Last Name	Legal First Name	Preferred First Name	Full Middle Name	Generation (Jr. III, IV, etc.)	Gender ☐ M ☐ F

Ethnicity: ☐Hispanic ☐Non-Hispanic

Race: (Check all that apply) ☐ Black / African American ☐ White ☐ Native Hawaiian / Pacific Islander ☐ Asian ☐ American Indian / Alaskan Native (Tribal Affiliation and Number _____)

Date of Birth (mm/dd/yyyy)	Country of Birth	State of Birth (US only)	Place of Birth (City)

Residential Address: Apt.# City ST Zip

Preferred Mailing Address: Apt.# City ST Zip

Enrollment History

Has this student ever attended school in Arizona before? ☐Yes ☐No

Has this student ever attended an Amphitheater school any time in the past? ☐Yes ☐No

Last school attended: ☐Public ☐Charter ☐Private ☐Homeschool

Year	Grade Level	District	City	State

Special Programs, Accommodations or Services (Check all that apply past or present and provide paperwork.)

☐ Special Education ☐ 504 ☐ English Language Development ☐ Chronic Illness

☐Gifted/Accelerated (☐Student was previously participated in accelerated classes/programs) ☐ Other _____

Note: Please submit all relevant documentation/records, including but not limited to 504 Plan, IEP, BIP, Chronic Illness, etc.

Other Information (Check all that apply)

☐ Active Military Dependent ☐ Foster ☐ DCS ☐ Refugee Status ☐ McKinney-Vento/Homeless ☐ Open Enrollment

Other Children/Siblings Under 18 Living at this Address

Name (Last Name, First Name)	Date of Birth	School	Grade

Transportation (Students must meet eligibility guidelines as listed in Board Policy. Please see Amphitheater website.)

If riding bus, student will ride: ☐ To AND From School ☐ To School Only ☐From School Only ☐Day Care: _____

Other modes of transportation: ☐ Walk ☐ Bike ☐ Parent Drop Off / Pick Up ☐Student drives (HS only)

Office Use Only

AM Bus#_____ Stop_____

PM Bus#_____ Stop_____

Student ID: _____ Entry Code:_____ Start Date:_____

Data Entry Date:_____ Initials of Person Entering Data:_____

Student Name: _____ **Grade:** _____

Parent/Guardian Contact #1 (Only contact #1 is the PRIMARY contact and will be contacted first)

☐ Mother ☐ Father ☐ Foster Mother ☐ Foster Father ☐ Step-Mother ☐ Step-Father ☐ Guardian ☐ Other_____

Last Name	First Name	Employer

Cell Phone ( ) -	Home Phone ( ) -	Work Phone ( ) -

☐Address same as the student

Address (if different than student): Apt.# City ST Zip

Email: @

Contact #1 Spoken Language

☐ Agrees to be contacted electronically, including text messages, for educational items (e.g., emails from teachers and principals, progress reports, messages from schools, etc.)

☐ I would like to receive a printed copy of Amphitheater Code of Conduct (Amphitheater Code of Conduct is accessible via the following link: https://www.amphi.com/Domain/1053)

Check all that apply:
☐ Can pick up student ☐ Lives with student ☐ Is an Emergency Contact
☐ Receives Report Card ☐ Can have Parent Portal Access

Parent/Guardian Contact #2

☐ Mother ☐ Father ☐ Foster Mother ☐ Foster Father ☐ Step-Mother ☐ Step-Father ☐ Guardian ☐ Other: _____

Last Name	First Name	Employer

Cell Phone ( ) -	Home Phone ( ) -	Work Phone ( ) -

☐Address same as the student

Address (if different than student): Apt.# City ST Zip

Email: @

Contact #2 Spoken Language

☐ Please keep me informed regarding my child's education through email and text messages as needed. (e.g., emails from teachers and principals, progress reports, messages from schools, etc.)

☐ I understand the Code of Conduct is available online, but I would still like a printed copy. (Amphitheater Code of Conduct is accessible via the following link: https://www.amphi.com/Domain/1053)

Check all that apply:
☐ Can pick up student ☐ Lives with student ☐ Is an Emergency Contact
☐ Receives Report Card ☐ Can have Parent Portal Access

Who has legal custody of the child? ☐ Contact #1 ☐ Contact #2 (Check both if applicable.)

Is there a joint custody or parenting plan in effect? ☐ Yes ☐ No (If yes, plan must be on file with the school.)

Is this student in care of a guardian? ☐ Yes ☐ No (If yes, legal guardianship records must be on file with the school.)

Is there a restraining order in effect? ☐ Yes ☐ No Against: ☐ Mother ☐ Father ☐ Other (Papers must be on file with school.)

Additional Information:

Additional Contact #3

☐ Mother ☐ Father ☐ Foster Mother ☐ Foster Father ☐ Step-Mother ☐ Step-Father ☐ Guardian ☐ Other: _____

Last Name	First Name	#3 Spoken Language

Cell Phone ( ) -	Home Phone ( ) -	Work Phone ( ) -

Check all that apply:
☐ Can pick up student ☐Lives with student ☐ Is an Emergency Contact
☐ Can have Parent Portal Access (Email: @)

Additional Contact #4

☐ Mother ☐ Father ☐ Foster Mother ☐ Foster Father ☐ Step-Mother ☐ Step-Father ☐ Guardian ☐ Other_____

Last Name	First Name	#4 Spoken Language

Cell Phone ( ) -	Home Phone ( ) -	Work Phone ( ) -

Check all that apply:
☐ Can pick up student ☐Lives with student ☐ Is an Emergency Contact
☐ Can have Parent Portal Access (Email: @)

I VERIFY ALL OF THE INFORMATION ON THIS FORM IS ACCURATE

Enrolling Parent/Guardian Printed Name	Enrolling Parent/Guardian Signature	Date

Escuelas públicas Amphitheater – Forma de registro estudiantil

Escuela			
Año escolar		**Grado de entrada para este año escolar**	

Instrucciones: Después de completar este formulario, guarde una copia en su computadora. El Formulario de registro del estudiante, junto con cualquier documentación que lo acompañe, se puede entregar en la oficina principal de la escuela en la que está inscribiendo a su estudiante.

INFORMACIÓN DEL ESTUDIANTE (Favor de D el nombre exacto tal como aparece en el certificado de nacimiento)

Apellido	Primer nombre	Primer nombre preferido	Segundo nombre completo	Generación (Jr. III, IV, etc.)	Género
					☐ M ☐ F

Origen étnico: ☐ Hispano ☐ No hispano

Raza (marque todas las opciones que aplican): ☐ Negro / Afroamericano ☐ Blanco ☐ Hawaiano / Isleño de Pacífico ☐ Asiático ☐ Indio americano / Nativo de Alaska **Afiliación y número tribal** _____

Fecha de nacimiento (dd/mm/yyyy)	País de nacimiento	Estado de nacimiento (solo EUA)	Ciudad de nacimiento

Dirección residencial	# de apartamento	Ciudad	Estado	Código postal

Dirección preferida	# de apartamento	Ciudad	Estado	Código postal

Historial de registro

¿Ha asistido este estudiante a una escuela en Arizona anteriormente? ☐Sí ☐No

¿Ha asistido este estudiante a una escuela en Amphitheater anteriormente? ☐Sí ☐No

Última escuela de asistencia:_____ ☐Pública ☐Chárter ☐Privada ☐En el hogar

Año	Nivel de grado	Distrito	Ciudad	Estado

Programas especiales, ajustes o servicios (marque todas las opciones que aplican en el pasado y el presente; provea documentación)

☐Educación especial ☐504 ☐Desarrollo del lenguaje inglés ☐Enfermedad crónica ☐Dotado/acelerado (☐El estudiante participó previamente en clases/programas acelerados) ☐Otro_____ **Nota: envíe toda la documentación/registros pertinentes, incluidos, entre otros, el Plan 504, el IEP, el BIP, las enfermedades crónicas, etc.**

Otra información (marque todas la opciones que aplican)

☐Dependiente de militar activo ☐Acogido ☐DCS ☐Condición de refugiado ☐McKinney-Vento/Sin hogar ☐Matrícula abierta

Otros niños/hermanos menores de 18 años viviendo en la misma dirección

Nombre (apellido/primer nombre/segundo nombre)	Fecha de nacimiento	Escuela	Grado

Transporte (Los estudiantes deben cumplir con las pautas de elegibilidad que se enumeran en la Política de la Junta. Consulte el sitio web del Amphitheater).

Si viaja en autobús, sería: ☐De ida *Y* vuelta ☐Solamente a la escuela ☐Solamente de vuelta ☐Sitio de cuidado _____

Otras formas de transportación: ☐Caminando ☐En bicicleta ☐Traído/recogido por los padres ☐Estudiante conduciendo (solo HS)

Solo para uso de la oficina		
	AM Bus#_____ Stop_____ PM Bus#_____ Stop_____	Student ID: _____ Entry Code:_____ Start Date:_____ Data Entry Date:_____ Initials of Person Entering Data:_____

Nombre del estudiante: _____ **Grado:** _____

Contacto #1 – Padre/guardián (Solamente el contacto #1 es el contacto PRINCIPAL y se le llamará primero.)

☐Madre ☐Padre ☐Madre de acogida ☐Padre de acogida ☐Madrastra ☐Padrastro ☐Guardián ☐Otro_____

Apellido	Primer nombre	Empleador

Celular ( ) -	Teléfono hogar ( ) -	Teléfono trabajo ( ) -

☐La misma dirección que el estudiante

Dirección (si es diferente el estudiante) # de apartamento Ciudad Estado Código postal

Correo electrónico: @ Idioma hablado por contacto #1

☐ De acuerdo en ser contactado electrónicamente, incluyendo mensajes de texto, para asuntos de educación (ej., mensajes electrónicos de los maestros y directores, reportes de progreso, mensajes de la escuela, etc.)

☐ I would like to receive a printed copy of Amphitheater Code of Conduct (Amphitheater Code of Conduct is accessible via the following link: https://www.amphi.com/Domain/1053)

Marque todas las opciones que aplican: ☐Puede recoger al estudiante ☐Vive con el estudiante ☐Es un contacto de emergencia ☐Recibe el reporte de calificaciones ☐Puede tener acceso al portal de padres (*Parent Portal*)

Contacto #2 – Padre/guardián

☐Madre ☐Padre ☐Madre de acogida ☐Padre de acogida ☐Madrastra ☐Padrastro ☐Guardián ☐Otro_____

Apellido	Primer nombre	Empleador

Celular ( ) -	Teléfono/hogar ( ) -	Teléfono/trabajo ( ) -

☐La misma dirección que el estudiante

Dirección (si es diferente al estudiante) # de apartamento Ciudad Estado Código postal

Correo electrónico: @ Idioma hablado por contacto #2

☐ Por favor, manténganme informado sobre la educación de mi hijo a través de correo electrónico y mensajes de texto, según sea necesario. (por ejemplo, correos electrónicos de maestros y directores, informes de progreso, mensajes de escuelas, etc.)

☐ Entiendo que el Código de Conducta está disponible en línea, pero aun así me gustaría una copia impresa. (Se puede acceder al Código de Conducta del Anfiteatro a través del siguiente enlace: https://www.amphi.com/Domain/1053)

Marque todas las opciones que aplican: ☐Puede recoger al estudiante ☐Vive con el estudiante ☐Es un contacto de emergencia ☐Recibe el reporte de calificaciones ☐Puede tener acceso al portal de padres (*Parent Portal*)

¿Quién tiene la custodia legal del niño? ☐Contacto #1 ☐Contacto #2 (Marque los dos si aplica.)

¿Hay custodia compartida o un plan parental en efecto? ☐Sí ☐No (Si hay un plan, una copia debe estar en la escuela.)

¿Está este estudiante al cuidado de un guardián? ☐Yes ☐No (Si lo está, una copia de los documentos debe estar en la escuela.)

¿Hay una orden de restricción en efecto? ☐Yes ☐No Contra: ☐Madre ☐Padre ☐Otro (Si la hay, una copia debe estar en la escuela.)

Información adicional:

Contacto adicional #3

☐Madre ☐Padre ☐Madre de acogida ☐Padre de acogida ☐Madrastra ☐Padrastro ☐Guardián ☐Otro_____

Apellido	Primer nombre	Idioma hablado por #3

Celular ( ) -	Teléfono/hogar ( ) -	Teléfono/trabajo ( ) -

Marque todas las opciones que aplican: ☐Puede recoger al estudiante ☐Vive con el estudiante ☐Es un contacto de emergencia ☐Portal para padres _____@_____

Contacto adicional #4

☐Madre ☐Padre ☐Madre de acogida ☐Padre de acogida ☐Madrastra ☐Padrastro ☐Guardián ☐Otro_____

Apellido	Primer nombre	Idioma hablado por #4

Celular ( ) -	Teléfono/hogar ( ) -	Teléfono/trabajo ( ) -

Marque todas las opciones que aplican: ☐Puede recoger al estudiante ☐Vive con el estudiante ☐Es un contacto de emergencia ☐Portal para padres _____@_____

YO VERIFICO QUE TODA LA INFORMACIÓN EN ESTA FORMA IS CORRECTA

Padre/guardián registrando (letra de imprenta)	Firma del padre/guardián registrando	Fecha

JFAA-EA

ADMISSION OF RESIDENT STUDENTS

RESIDENCY DOCUMENTATION FORM

Amphitheater Unified School District

Student:_____School: _____

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: *Must attach document*

- ☐ Valid Arizona driver's license, Arizona identification card, Valid U.S. passport or motor vehicle registration
- ☐ 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 that contains an Arizona address.
- ☐ Documentation from a state, tribal or federal government agency (Social Security Administration, Veterans Administration, Arizona Department of Economic Security).
- ☐ 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

TEACHER'S NAME (School Use Only) _____

PLEASE PRINT

AMPHITHEATER SCHOOL DISTRICT
HEALTH INFORMATION CARD

Full Legal Name of Student _____ Sex ☐ M ☐ F Grade _____ School _____
(Last) (First) (Middle)

Resident Address _____

Mailing Address (if different) _____

Date of Birth _____ Place of Birth _____
City State Country

Name/Address of Person(s) with whom Student may reside:

	Name	Address (If different than above)	Home #	Work #	Cell #
Father					
Step-Father					
Mother					
Step-Mother					
Guardian					

Brothers/Sisters:

Name _____ Age _____ School _____ Name _____ Age _____ School _____

Name _____ Age _____ School _____ Name _____ Age _____ School _____

Name _____ Age _____ School _____ Name _____ Age _____ School _____

Any legal restricted custody decision the school health office should be aware of? If yes, describe: _____

Language(s) spoken by Student _____ Language(s) spoken at home _____

PLEASE CHECK THE FOLLOWING ITEMS, IF THEY PERTAIN TO YOUR STUDENT:

☐ ADHD/ADD ☐ Allergies/drug ☐ Allergies/food ☐ Asthma ☐ Birth defects ☐ Blood disorder ☐ Bowel/bladder
☐ Diabetes ☐ Glasses/contacts ☐ Headaches/migraines ☐ Hearing problem ☐ Heart condition ☐ Orthopedic ☐ Psychiatric disorder
☐ Seizure disorder ☐ Other **(If any items were checked, please explain)** _____

<u>If your student is to take medication at school, a signed consent form is required.</u>

Please list ***all*** medication(s) student is now taking at home or school: _____

What health or physical problem might affect school attendance or participation in PE? _____

Has your student ever been involved in a special education program? If yes, please explain _____

INSURANCE COVERAGE: ☐ None ☐ AHCCCS ☐ Kids Care ☐ Indian Health Services ☐ Other Health Plan _____

Doctor _____ Phone _____ Hospital Preference _____

If parent/guardian cannot be reached, name a relative or friend with a LOCAL PHONE who will be responsible for your student if he/she is hurt or becomes ill at school. (Please notify the school health office of any information changes on this card.

Name _____ Address _____ Phone(s) _____ ☐ Can pick up

Name _____ Address _____ Phone(s) _____ ☐ Can pick up

If emergency medical action or treatment is required, and parent/guardian cannot be contacted, I hereby authorize my child to be given emergency medical care as deemed necessary by school officials. I understand that any expenses incurred will be paid for by the parent/guardian or by insurance coverage provided by the parent/guardian, and that payment of any medical expense is not the responsibility of the school or the school district.

Parent/Guardian Signature _____ Date _____
(Signature verifies that all of the information on this card is accurate.)

McKinney-Vento Regulations

If your living arrangement is both temporary and the result of economic hardship, you may qualify for services under the McKinney-Vento Act. The purpose of this law is to provide academic stability for students of families in transition.

You may want to talk with the Amphitheater Homeless Education Liaison if your family's temporary living arrangement is one of the following:

- You are living with friends or relatives, or moving from place to place, because you cannot currently afford your own housing.
- You are living in a shelter or a motel.
- You are living in a Transitional Housing Program
- You are living in housing without water or electricity.
- You are living in a place not considered traditional "housing", like a car or a campground.
- You are a student living on your own (in a similar situation) without a parent or legal guardian.

*A student may qualify as an "unaccompanied youth" if he or she is living with someone who is not a parent or guardian, or if he or she is moving from place to place without a parent or guardian.

Children who qualify under McKinney-Vento have the right to:

Attend the school they were attending when their family was forced to move to a temporary address because of economic hardship, even if that school is in another school district. The choice must be a reasonable one that is in the best interest of the children involved. Check with the district Homeless Education Liaison if you are not sure.

- Attend the school closest to where they are being sheltered.
- Stay in this school for the duration of the school year if their families are forced to move to another temporary address because of economic hardship.
- Receive assistance with transportation to attend school while they are being temporarily housed.
- Start school immediately while people at school help families obtain school and immunization records or other documents necessary for enrollment.
- Enroll in school without having a permanent address.
- Participate in the same programs and services that other students participate in.
- Receive Title 1 services, including free breakfast and lunch.

If you feel your family may be eligible under the McKinney-Vento Homeless Assistance Act, please contact **Mary Beth Santillan, McKinney-Vento Ed. Liaison, @ 696-6946 or mbsantillan@amphi.com**

Rev. 01/2013

Amphitheater Public Schools
McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of No Child Left Behind. Answers to these questions will help determine services a student may be eligible for. See the attached page for a description of the McKinney-Vento Act. Filling out this questionnaire is voluntary.

1. Is your current address a temporary living arrangement? Yes_____ No____

2. Is your temporary address due to loss of housing or economic hardship? Yes____ No_____

If you answered "NO" to both of these questions you may stop here. Thank you.

Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children.

Names of adults in the home:_____Date: _____

Name of School	Name of Student	Grade	Address	Phone number

1. Where are these students presently living? (Check one box.)
   - ❑ Doubled up with relatives or friends
   - ❑ In a transitional housing program
   - ❑ In a motel
   - ❑ In a shelter
   - ❑ Moving from place to place
   - ❑ In a place not considered traditional "housing" (campground, car, public place, etc.)

2. Do you also have pre-school children at home? Yes_____No _____

3. Are you a high school student who is currently living on your own due to hardship? Yes_____No____
   Unaccompanied youth also qualify for services under this law.

4. Are there any pressing needs that could prevent your child from being successful in school? No_____
   Yes_____If "yes", please explain: _____

Donaldson Elementary School
2040 W Omar Dr
Tucson, AZ 85704
520.696.6160 (office)
520.696.6204 (fax)

STUDENT RECORDS REQUEST

New Student Registration

☐ **Faxed** ☐ **Mailed**

SECTION I: STUDENT INFORMATION

This form provides authorization to release educational records and/or information relating to the following student enrolling in our school.

STUDENT NAME: _____ **GRADE:**
Last First Middle

DATE OF BIRTH: _____ **GENDER:** ☐ Female ☐ Male

SECTION II: INFORMATION TO BE RELEASED FROM PREVIOUS SCHOOL OF ATTENDANCE

Provide information to request student records from the **last** school of attendance. Year attended: (_____)

SCHOOL NAME: _____ **PHONE:** _____

ADDRESS: _____ **FAX:** _____
Street City State / Zip

SECTION III: DESCRIPTION OF EDUCATIONAL RECORDS AND INFORMATION TO BE DISCLOSED

Educational records/information for disclosure ☐ **ALL** records/information

☐ Official Withdrawal Form
☐ Academic Records/Transcript of Credits and Grades
☐ Achievement Test Scores (AASA)
☐ Discipline and Attendance history
☐ Health and Immunization Records
☐ Birth Record/certified certificate
☐ Custody Documents (if applicable)
☐ 504 Plan
☐ Evaluations ☐ Individual Educational Program (IEP)
☐ Gifted/Talented Program Information
☐ Limited English Proficient Records
☐ School CTDS # and SAIS # (if applicable)
☐ Other Pertinent Information _____

SECTION IV: RELEASE INFORMATION TO

**Office Use* Date Requested ___/___/___

To disclose by *fax* or *mail* educational records/information for the student referenced in **SECTION I** to:

Donaldson Elementary School, 2040 W. Omar Drive., Tucson AZ 85704 ☐ **Return by Fax (520) 696-6204**

Attn: ☐ Records ☐ Health Office ☐ Special Education Dept

Comment: _____

SECTION V: SIGNATURE AND ACKNOWLEDGEMENT

I hereby grant permission for all confidential, medical, psychological and academic information be released to Donaldson Elementary School for educational purposes.

_____ _____ _____
PARENT/GUARDIAN SIGNATURE **RELATIONSHIP TO STUDENT** **DATE**