



# LITCHFIELD ELEMENTARY SCHOOL DISTRICT

272 East Sagebrush Street • Litchfield Park, Arizona 85340 • 623.535.6000 • Fax 623.935.1448 • www.lesd.k12.az.us

*"A Stronger Mind for a Stronger Future"*

## REGISTRATION REQUIREMENTS

[ ] Barbara B. Robey [ ] Belen Soto [ ] Corte Sierra [ ] Dreaming Summit [ ] Litchfield [ ] L. Thomas Heck  
[ ] Mabel Padgett [ ] Palm Valley [ ] Rancho Santa Fe [ ] Scott Libby [ ] Verrado Elementary [ ] Verrado Heritage  
[ ] Verrado Middle [ ] Western Sky [ ] Wigwam Creek [ ] White Tank

District guidelines for proof of residency have been established and will be adhered to for all students.

***All documentation for residency must be renewed each year prior to the beginning of school***

<p><b>1) Proof of Residency for each student consists of the following:</b></p> <ul style="list-style-type: none"> <li>• Current SRP/APS Electric or Southwest Gas bill displaying parent name and home address.<sup>1</sup></li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• Purchase Agreement or Rental/Lease agreement or Base housing form letter H013 (Rental/Lease agreements are only temporary for 30 days upon move in).</li> </ul> <p><i>Please note</i> – You must have purchase/lease agreement OR gas/electric bill prior to enrolling your student.</p> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Drivers License – displaying current residential address</li> </ul>
<p><b>2) Notarized Form</b></p> <ul style="list-style-type: none"> <li>• This must accompany one of the above when the child being enrolled and his family live with another family in the district. Both the parent registering the student and the person they are living with <b><u>must be present.</u></b></li> </ul> <p><i>Please note</i> – The person presenting the notarized letter must have the letter notarized before presenting it to the school. This must be renewed annually.</p>
<p><b>3) Legal Guardianship</b></p> <ul style="list-style-type: none"> <li>• This documentation is required when only the child is living at a district address, while parents reside outside the district. The assigned legal guardian must register the child. We do not accept Power of Attorney for guardianship.</li> </ul>
<p><b>4) Immunization Record</b></p> <ul style="list-style-type: none"> <li>• Up to date record<sup>2</sup></li> </ul>
<p><b>5) Birth Certificate</b></p> <ul style="list-style-type: none"> <li>• Must be an original <u>certified</u> birth certificate from the vital statistics of the state they were born in, not a hospital certificate<sup>1</sup></li> <li>• Kindergarten and 1<sup>st</sup> grade must have original birth certificate at the time of registration.</li> </ul>
<p><b>6) Legal/Custody Paper</b></p> <ul style="list-style-type: none"> <li>• Pertains to students not residing with <b>both</b> natural parents, we require a divorce decree, legal guardianship, adoption papers or court appointed custody assignment for foster care.</li> </ul>
<p><b>7) Withdrawal Form from previous school</b></p> <ul style="list-style-type: none"> <li>• Paperwork must accompany the child when transferring during the school year (only required when transferring from an Arizona school).</li> </ul> <p><i>Please note</i> – You must have the withdrawal form prior to enrolling your student.</p>
<p><b>8) Report Card</b></p> <ul style="list-style-type: none"> <li>• May be required for student placement.</li> </ul>

<sup>1</sup>You have 30 days to supply Litchfield School District with a copy of the birth certificate (ARS 15-828) and your current gas/electric bill.

<sup>2</sup>We cannot enroll your child in school until we have proof of current immunization (ARS 15-872).

Your child will start school the following day, if registration process is completed prior to 10:00am. We cannot keep registration packets that are not completed.



# Litchfield Elementary School District #79 2019-2020 School Year Calendar

## OPEN HOUSE SCHEDULE

All Middle Schools and White Tanks Learning Center - Thursday, August 1, 2019, 4:00pm-7:00pm  
All Elementary Schools and Verrado Heritage (K-8) - Friday, August 2, 2019, 4:00pm-6:00pm and Belen Soto (K-8) - 4:00pm-7:00pm

July-19						
	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	●	●	●			

August-19						
				●	●	3
4	🔔	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

September-19						
1	☺	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					

October-19						
	1	2	3	4	5	
6	☺	☺	☺	☺	☺	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November-19						
					1	2
3	4	5	6	7	8	9
10	☺	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	☺	☺	☺	30

December-19						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	☺	☺	☺	☺	☺	28
29	☺	☺				

January-20						
			☺	☺	☺	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	☺	21	22	23	24	25
26	27	28	29	30	31	

February-20						
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	☺	18	19	20	21	22
23	24	25	26	27	28	29

March-20						
1	2	3	4	5	6	7
8	☺	☺	☺	☺	☺	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April-20						
			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-20						
						2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	★	22	23
24	25	26	27	28	29	30
31						

June-20						
	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				

### CLASSES ARE IN SESSION ON BOLD DATES

#### Significant Dates

🔔	<b>Aug. 5</b>	<b>First Day of Class - All Students</b>	☺	Jan. 20	Martin Luther King Jr. Day
☺	Sept. 2	Labor Day	☺	Feb. 17	Presidents' Day
☺	Oct. 7-11	Fall Break	☺	March 9-13	Spring Break
☺	Nov. 11	Veterans' Day	★	May 21	8th Grade Promotion
☺	Nov. 27-29	Thanksgiving Break	☺	<b>May 22</b>	<b>Last Day of School</b>
☺	Dec. 23-Jan 3	Winter Break			

### STATE TESTING DATES: TBD

#### 🌊 Quarters

August 5 - October 4	43 Days
October 14 - December 20	46 Days
January 6 - March 6	41 Days
March 16 - May 22	50 Days

#### ● New Teacher Orientation Days

July 29-30

#### ● All Teacher Orientation Days

July 31 - August 2

#### ☒ Teacher In-Service - No School for Students

August 30, January 17, February 14

☒ **Half-Day Teacher In-Service Days/Early Dismissal:** 8/16, 9/13, 9/27, 10/25, 11/8, 12/13, 2/28, 3/27, 4/17, 5/1

☒ **Half-Day Parent/Teacher Conferences/Early Dismissal:** 10/2, 10/3, 10/4, 1/31

**Early Dismissal Release Times:** BRE, LES, MPE, PVE, RSF, VES - 12:25pm; CSE & DSE - 1:00pm; SLE & WCMS - 1:05pm; BSES & VHES - 1:15pm; LTHMS & WSMS - 1:50pm; WTLC - 1:55pm; VMS - 2:00pm

☒ **Last Day of School (5/22/20):** BRE, LES, MPE, PVE, RSF, VES - 10:55am; CSE & DSE - 11:30am; SLE & WCMS - 11:35am; BSES & VHES - 11:45am; LTHMS & WSMS - 12:20pm; WTLC - 12:25pm; VMS - 12:30pm

**STUDENT INSTRUCTIONAL DAYS - 180**

**TEACHER SERVICE DAYS - 186**

**Litchfield Elementary School District #79  
2019-2020 School Year Calendar**

**SPECIAL DAYS**

1.	New Teacher Orientation Days	Monday, Tuesday - July 29-30
2.	All Teacher Orientation Days	Wednesday thru Friday, July 31-August 2
3.	<b>Open House</b> for Middle Schools - LTHMS, VMS, WSMS, WCMS, WTLC	Thursday, August 1 (4:00pm-7:00pm)
4.	<b>Open House</b> for Elementary Schools - BRE, CSE, DSE, LES, MPE, PVE, RSF, SLE, VES and Verrado Heritage (K-8) VHES	Friday, August 2 (4:00pm-6:00pm)
5.	<b>Open House</b> for Belen Soto Elementary School (K-8) - BSES	Friday, August 2 (4:00pm-7:00pm)
6.	First Day for Students	Monday, August 5
7.	Teacher In-Service Day, <b>Early Dismissal</b> **	Friday, August 16
8.	Teacher In-Service Day, <b>School Closed</b>	Friday, August 30
9.	Labor Day, <b>School Closed</b>	Monday, September 2
10.	Teacher In-Service Day, <b>Early Dismissal</b> **	Friday, September 13
11.	Teacher In-Service Day, <b>Early Dismissal</b> **	Friday, September 27
12.	40th Day	Tuesday, October 1
13.	Parent/Teacher Conferences, <b>Early Dismissal</b> **	Wednesday thru Friday, October 2-4
14.	Fall Break, <b>School Closed</b>	<b>One Week</b> , October 7-11
15.	Teacher In-Service Day, <b>Early Dismissal</b> **	Friday, October 25
16.	Teacher In-Service Day, <b>Early Dismissal</b> **	Friday, November 8
17.	Veterans' Day, <b>School Closed</b>	Monday, November 11
18.	Thanksgiving, <b>School Closed</b>	Wednesday thru Friday, November 27-29
19.	Teacher In-Service Day, <b>Early Dismissal</b> **	Friday, December 13
20.	Winter Break, <b>School Closed</b>	<b>Two Weeks</b> , December 23-January 3
21.	Teacher In-Service Day, <b>School Closed</b>	Friday, January 17
22.	MLK Jr. Day, <b>School Closed</b>	Monday, January 20
23.	100th Day	Wednesday, January 22
24.	Parent/Teacher Conferences, <b>Early Dismissal</b> **	Friday, January 31
25.	Teacher In-Service Day, <b>School Closed</b>	Friday, February 14
26.	Presidents' Day, <b>School Closed</b>	Monday, February 17
27.	Teacher In-Service Day, <b>Early Dismissal</b> **	Friday, February 28
28.	Spring Break, <b>School Closed</b>	<b>One Week</b> , March 9-13
29.	Teacher In-Service Day, <b>Early Dismissal</b> **	Friday, March 27
30.	Teacher In-Service Day, <b>Early Dismissal</b> **	Friday, April 17
31.	Teacher In-Service Day, <b>Early Dismissal</b> **	Friday, May 1
32.	8th Grade Promotion Ceremonies - BSES, LTHMS, VMS, VHES, WSMS, WCMS	Thursday, May 21
33.	Last Day of School, <b>Early Dismissal</b> ***	Friday, May 22
34.	Total Days in Session	Students - 180 days, Teachers - 186 days

**Early Dismissal Release Times:**

**\*\*Half-Day Teacher In-Service Days and Parent/Teacher Conferences:** BRE, LES, MPE, PVE, RSF, VES - 12:25pm;  
CSE & DSE - 1:00pm; SLE & WCMS - 1:05pm; BSES & VHES - 1:15pm; LTHMS & WSMS - 1:50pm; WTLC - 1:55pm; VMS - 2:00pm

**\*\*\*Last Day of School (5/22/20):** BRE, LES, MPE, PVE, RSF, VES - 10:55am; CSE & DSE - 11:30am;  
SLE & WCMS - 11:35am; BSES & VHES - 11:45am; LTHMS & WSMS - 12:20pm; WTLC - 12:25pm; VMS - 12:30pm

LITCHFIELD ELEMENTARY SCHOOL DISTRICT #79

**Student Registration Form 2019/2020**

<b>FOR OFFICE USE ONLY</b>	Date entered in SMS _____	Date withdrawn from SMS _____
School Year _____	First Day of Attendance _____	Entry Code _____ Grade _____
Student ID Number _____	EdFi Number _____	Area of Residency _____
Birth Record Yes [ ] No [ ]	Immunization Record Yes [ ] No [ ]	Proof of Residency Yes [ ] No [ ]

[ ]Barbara B. Robey [ ]Belen Soto [ ]Corte Sierra [ ]Dreaming Summit [ ]Litchfield [ ]L. Thomas Heck [ ]Mabel Padgett  
 [ ]Palm Valley [ ]Rancho Santa Fe [ ]Scott Libby [ ]Verrado Elementary [ ]Verrado Heritage [ ]Verrado Middle [ ]Western Sky  
 [ ]White Tank Learning Center [ ]Wigwam Creek

**STUDENT INFORMATION** Has child ever attended Litchfield School District? Yes [ ] No [ ]

Child's Name as it appears on Birth Certificate \_\_\_\_\_  
 \_\_\_\_\_  
 First Middle Last

Ethnicity of Child: Check One [ ]Hispanic/Latino [ ]Non-Hispanic Gender M [ ] F [ ]

Race of Child: [ ]White [ ]Black [ ]Asian [ ]American Indian/Alaskan Native [ ]Pacific Islander/Native Hawaiian

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

Tribal Name \_\_\_\_\_ Name child goes by \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Primary Phone# \_\_\_\_\_ Unlisted [ ]

Mailing Address (if different from Residential address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_

**Kindergarten Age Requirement: The child must be 5 years old prior to September 1<sup>st</sup>.**  
**1<sup>st</sup> Grade Age Requirement: The child must be 6 years old prior to September 1<sup>st</sup>.**

Name of legal guardian if other than parents? \_\_\_\_\_ Relationship to child \_\_\_\_\_

Legal Documentation on File: Yes [ ] No [ ] Is student a foster child: Yes [ ] No [ ]

**BIRTH INFORMATION** Place of Birth: City & State \_\_\_\_\_ Country of Birth\* \_\_\_\_\_

\*If not USA-How long have you lived in the USA? \_\_\_\_\_

\*Did you leave your home country because of religious/political persecution? Yes [ ] No [ ]

Does a family member work in the agriculture/farming industry? Yes [ ] No [ ]

**SIBLING INFORMATION** Number of Sisters \_\_\_\_\_ Number of Brothers \_\_\_\_\_

Name	Age(2-14)	School (Please complete for all children age 2-14)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PREVIOUS SCHOOL INFORMATION**

Is child in any of the following programs? **Special Education:** Yes [ ] No [ ] **Qualified Gifted:** Yes [ ] No [ ]  
**Speech:** Yes [ ] No [ ] **ELL:** Yes [ ] No [ ]

Name of School Child Last Attended \_\_\_\_\_ Grade \_\_\_\_\_

How many years at this school? \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_





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### Retention and Promotion of Students

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

We will honor a prior school recommendation for retention/promotion. We do not retain students for personal parental reasons.

- If we receive prior school records that indicate your student was retained we will retain your student to the prior grade level.
- If we receive prior school records that indicate your student was promoted we will promote your student to next grade level.

Has your child been retained?  Yes  No

Has your child been promoted above their age appropriate grade level?  Yes  No

If yes to either question, please complete the remainder of this form.

Previous School: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Grade for retention/promotion: \_\_\_\_\_

Reason for retention/promotion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_





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 \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ EdFi ID \_\_\_\_\_

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

District or Charter Litchfield Elementary School District #79

School \_\_\_\_\_

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.





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### STUDENT HEALTH HISTORY FORM

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Homeroom Teacher (if applicable): \_\_\_\_\_

STUDENT HEALTH HISTORY					
Please indicate below if your child had any to the following. If yes, please indicate the child's age at the time.					
	Age		Age		Age
<input type="checkbox"/> Arthritis		<input type="checkbox"/> Eczema		<input type="checkbox"/> Scoliosis/Curvature of the Spine	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy/Seizures		<input type="checkbox"/> Stomach Problems	
<input type="checkbox"/> Bronchitis/Pneumonia		<input type="checkbox"/> Heart Concerns		<input type="checkbox"/> Strep/Tonsillitis	
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Hepatitis		<input type="checkbox"/> Tuberculosis	
<input type="checkbox"/> Cystic Fibrosis		<input type="checkbox"/> Kidney Disease		<input type="checkbox"/> Urinary Tract Infections	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Osgood Schlatter's		<input type="checkbox"/> Valley Fever	
<input type="checkbox"/> Mumps		<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> 10 day or Red Measles	
				<input type="checkbox"/> Scarlet Fever	
				<input type="checkbox"/> Mononucleosis	
				<input type="checkbox"/> Croup	
				<input type="checkbox"/> Whooping Cough	
				<input type="checkbox"/> Pneumonia	
				<input type="checkbox"/> 3 day or German Measles	

Please respond "Yes" or "No" to the following questions:

<input type="checkbox"/> Y	<input type="checkbox"/> N	Is the student receiving treatment for any physical problems?	<input type="checkbox"/> Y	<input type="checkbox"/> N	Does the child wear glasses/contacts?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Has the child ever had an accident or injury requiring hospitalization or surgery?	<input type="checkbox"/> Y	<input type="checkbox"/> N	Does the child have any other vision difficulties?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Has the child ever broken any bones?	<input type="checkbox"/> Y	<input type="checkbox"/> N	Does the child have any hearing loss?
<input type="checkbox"/> Y	<input type="checkbox"/> N	Are there any significant behaviors that may affect this child's performance in school or that may be of concern?	<input type="checkbox"/> Y	<input type="checkbox"/> N	Does the child wear a hearing aid?

FAMILY HEALTH HISTORY			
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Hemophilia	<input type="checkbox"/>
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Anemia	<input type="checkbox"/>
<input type="checkbox"/> Birth defects	<input type="checkbox"/> Cancer	<input type="checkbox"/> Other	<input type="checkbox"/>

Please explain any "Yes" answers

OTHER INFORMATION
Hearing and vision screening will be administered as required by state guidelines.
<b>PLEASE NOTE:</b> <i>In the event of serious illness or injury, your child will be taken to the hospital by ambulance if necessary. Emergency treatment will be provided until parent and/or legal guardian can be contacted. Expenses for emergency transportation and/or treatment is the responsibility of the parent and/or legal guardian.</i>
Please Print Parent/Guardian Legal Name: _____
Parent/Guardian Signature: _____ Date _____



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## MEDICATION GUIDELINES

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Barbara B. Robey | <input type="checkbox"/> Litchfield      | <input type="checkbox"/> Scott L. Libby  | <input type="checkbox"/> Western Sky      |
| <input type="checkbox"/> Belen Soto       | <input type="checkbox"/> Corte Sierra    | <input type="checkbox"/> Mabel Padgett   | <input type="checkbox"/> Verrado ES       |
| <input type="checkbox"/> White Tank LC    | <input type="checkbox"/> Dreaming Summit | <input type="checkbox"/> Palm Valley     | <input type="checkbox"/> Verrado Heritage |
| <input type="checkbox"/> Wigwam Creek     | <input type="checkbox"/> L. Thomas Heck  | <input type="checkbox"/> Rancho Santa Fe | <input type="checkbox"/> Verrado MS       |

**Child:** \_\_\_\_\_ **Homeroom Teacher (If applicable):** \_\_\_\_\_

Dear Parent/Guardian:

It is the belief of the Governing Board that medication should be administered at home. However, under certain conditions, it is in the best educational and health interests of the child to take prescribed medications during the school day. Bring your child's medication to the health center. Do not send medication to school with your child.

We are asking for your cooperation regarding giving medication in the schools. Because of the responsibility placed upon the staff for giving the correct medications, we ask that you comply with the following guidelines:

- 1) Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage, and time to be given. (See Request for Giving Medication at School form)
- 2) Any changes to prescription medications must be reflected on a new prescription bottle and with most current labeling. (See Request for Giving Medication at School form)
- 3) Parent or Guardian must sign the Request for Giving Medication at School form.
- 4) The student is responsible for coming to the Health Center or to the designated person to take medications.
- 5) Nonprescription medications must be in original packaging and can be administered to students who have written permission from a parent or guardian in accordance with the directions on original packaging. Physician's orders must be obtained if parent/guardian requests to administer the medication beyond the labeled directions.
- 6) Students may not carry or administer their own medication except with written permission. (See Special Request to Carry and Self-Administer Medication form). This includes inhalers, prescriptions, and over the counter medications.
- 7) Parents are responsible for providing medications for overnight field trips.
- 8) Pick up your child's medication no later than the last day of the school year. Any medications that are not picked up at the end of the school year will be discarded.
- 9) A new Medication Guidelines form must be signed every school year.

If you have any questions regarding the Medication Guidelines, please contact the Nurse at your child's school.

### I HAVE READ THE LITCHFIELD ELEMENTARY SCHOOL DISTRICT MEDICATION GUIDELINES.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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Written permission is necessary before any medication can be given to your child. If written permission isn't available then verbal permission may be obtained for each episode. Written permission is valid for each school year. If you have any questions regarding this, please contact the Health Center.

**---Please complete form and return to school health center---  
2019/2020**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Homeroom Teacher (if applicable): \_\_\_\_\_

In case of minor accident or illness, I give permission for my child, to receive any of the following medications. Areas checked **YES** may be dispensed to my child.

**YES NO**

- \_\_\_\_ Acetaminophen (Tylenol for headache, menstrual cramps, etc.)  
\_\_\_\_ Ibuprofen (Motrin for headache, menstrual cramps, etc.)  
\_\_\_\_ Antacid (upset stomach)  
\_\_\_\_ Throat Lozenges (sore throat)  
\_\_\_\_ Salt Water Gargle (sore throat)  
\_\_\_\_ Caladryl (insect bite/itching)  
\_\_\_\_ Lip Balm/Vaseline (chapped lips)

**It is noted that alternate methods of care will be used before medication is given.**

**Please note any known allergies or chronic health conditions.**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: Food \_\_\_\_\_

Medication \_\_\_\_\_

Other \_\_\_\_\_

Chronic Health condition(s): \_\_\_\_\_

Currently taking medications (please list): \_\_\_\_\_

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

**Please contact your school nurse to discuss any questions or concerns.**



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**AUTHORIZATION AND PERMISSION TO RELEASE  
MEDICAL, EDUCATIONAL AND/OR SPECIAL EDUCATION RECORDS**

Student \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Previous School Attended \_\_\_\_\_

Address (Previous School) \_\_\_\_\_

City/State/Zip (Previous School) \_\_\_\_\_

Phone Number (Previous School) \_\_\_\_\_ Fax Number \_\_\_\_\_

In compliance with the Family Education Rights and Privacy Act of 1974, I authorize the release of my child's school records, including gifted, educational, medical, social or special education information to the Litchfield Elementary School District.

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

Relationship to Child \_\_\_\_\_

**PLEASE SEND RECORDS, EXCEPT SPECIAL EDUCATION, FOR ALL SCHOOLS TO:**

**LITCHFIELD ELEMENTARY SCHOOL DISTRICT**

**ATTN: STUDENT INFORMATION DEPT.**

**272 E Sagebrush, LITCHFIELD PARK, AZ 85340**

**PHONE: 623-535-6048**

**FAX NUMBER: 623-535-0444 (Do not fax records that are over 5 pages – do not send general education records to the Special Education Dept.)**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Barbara B. Robey Elementary School</b><br>Phone: 623-547-1400 | <input type="checkbox"/> <b>Rancho Santa Fe Elementary School</b><br>Phone: 623-535-6500        |
| <input type="checkbox"/> <b>Belen Soto Elementary School (K-8)</b><br>Phone: 623-547-3400 | <input type="checkbox"/> <b>Scott L. Libby Elementary School</b><br>Phone: 623-535-6200         |
| <input type="checkbox"/> <b>Corte Sierra Elementary School</b><br>Phone: 623-547-1000     | <input type="checkbox"/> <b>Verrado Elementary School</b><br>Phone: 623-547-1600                |
| <input type="checkbox"/> <b>Dreaming Summit Elementary School</b><br>Phone: 623-547-1200  | <input type="checkbox"/> <b>Verrado Heritage Elementary School (K-8)</b><br>Phone: 623-547-3300 |
| <input type="checkbox"/> <b>Litchfield Elementary School</b><br>Phone: 623-535-6100       | <input type="checkbox"/> <b>Verrado Middle School</b><br>Phone: 623-547-1300                    |
| <input type="checkbox"/> <b>L. Thomas Heck Middle School</b><br>Phone: 623-547-1700       | <input type="checkbox"/> <b>Western Sky Middle School</b><br>Phone: 623-535-6300                |
| <input type="checkbox"/> <b>Mabel Padgett Elementary School</b><br>Phone: 623-547-3200    | <input type="checkbox"/> <b>Wigwam Creek Middle School</b><br>Phone: 623-547-1100               |
| <input type="checkbox"/> <b>Palm Valley Elementary School</b><br>Phone: 623-535-6400      |   |

**PLEASE ONLY SEND SPECIAL EDUCATION RECORDS FOR ALL SCHOOLS TO:**

**LITCHFIELD ELEMENTARY SCHOOL DISTRICT**

**ATTN: SPECIAL EDUCATION DEPT.**

**272 E Sagebrush, LITCHFIELD PARK, AZ 85340**

**PHONE: 623-535-6066**

**FAX NUMBER: 623-935-3715**

**Special Education Records**

My child is currently receiving special education services in the following area(s)

- Special Education Resource  Special Education Self-Contained  Speech  ELL  Title I