

Florence Unified School District No. 1

K – 8th GRADE

REGISTRATION PACKET



Welcome to the Florence Unified School District No. 1. Please take the following steps to register your child.

- Step #1: Complete the entire attached registration packet. One packet per child is required.
- Step #2: Turn in the completed registration packet along with the following required items:
1. Original Birth Certificate
 2. Current Immunization Records
 3. Proof of Residence (*i.e. utility bill or house lease/contract*)
 4. Parent/Guardian Picture ID Card/Driver's License

NOTE: The above four (4) documents are required at the time of registration.

Additional documents needed/requested:

1. Guardianship Papers (*if applicable*)
2. Withdrawal Form from the previous school.
3. Withdrawal / Transfer grades/Test history
 - ❖ (*Students that register without transfer grades may not earn credit for that current semester and cannot be guaranteed proper class placement.*)
4. Student's IEP (*if applicable*)



FLORENCE UNIFIED SCHOOL DISTRICT NO. 1

STUDENT REGISTRATION FORM

SCHOOL: AN CCR CB FK8 MR SR WB SUMMIT LAE FVA

(Circle One)



STUDENT INFORMATION

Child's Legal Name:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Physical Address:	City:	Zip Code:	
Mailing Address:	City:	Zip Code:	
Home Phone #	Cell Phone #	Transitional Housing <input type="checkbox"/>	COPY OF BIRTH CERTIFICATE REQUIRED
Date of Birth:	Birth Country:	Birth State:	Birth City:
Part A: Is this student Hispanic/Latino? (Choose only one) YES <input type="checkbox"/> NO <input type="checkbox"/>			
Part B: What is the student's race? (Choose only one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian			
<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			
Name of person(s) child lives with:		Relationship:	
EMERGENCY CONTACT(S) / AUTHORIZED TO PICK UP: (must be 18 years of age or older)			
Name:	Relation:	Phone# (H)	(C)
Name:	Relation:	Phone# (H)	(C)
Name:	Relation:	Phone# (H)	(C)

TRANSFER INFORMATION

Name of school last attended:	
Address:	Phone #
City:	State: Grade level at last school:
Has your child ever attended any school within the Florence Unified School District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Last district school attended: Is your child currently on a 504 Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Has your child ever had Special Education Services ? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please complete the Special Education forms	
Has your child been receiving ELL Services? YES <input type="checkbox"/> NO <input type="checkbox"/> Has your child been receiving gifted services? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PARENT / GUARDIAN INFORMATION

		<i>Please check "P" for Parent or "G" for Guardian</i>	
Legal Name:	<input type="checkbox"/> P <input type="checkbox"/> G	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity:
Email address:		Work Phone #:	
Legal Name:	<input type="checkbox"/> P <input type="checkbox"/> G	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity:
Email address:		Work Phone #:	

SIBLING (brothers & sisters) INFORMATION

Name	Date of Birth	Grade	Name	Date of Birth	Grade

IDENTIFICATION OF PRIMARY HOME LANGUAGE (MARK ONLY ONE FOR EACH OF THE FOLLOWING QUESTIONS)

What is the primary language used in the home regardless of the language spoken by the student?	<input type="checkbox"/> English <input type="checkbox"/> Spanish Other: _____
What is the language most often spoken by the student?	<input type="checkbox"/> English <input type="checkbox"/> Spanish Other: _____
What is the language that the student first acquired?	<input type="checkbox"/> English <input type="checkbox"/> Spanish Other: _____

I certify that I am the child's parent or legal guardian and that the information I have given above is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature: _____ Date: _____

Entry Code:	Entry Date:	Evidence of Last Grade Placement:			
Grade:	Teacher:	SAIS #	Bus #:	Bus stop:	
Special Notations (Difficulties, Handicaps, Successes, etc.)					
Signature of Secretary / Registrar			Signature of Person Entering Data into Student Data Base		Date



FLORENCE UNIFIED SCHOOL DISTRICT NO. 1



P.O. 2850 * Florence, AZ 85132 * 520-866-3500

Anthem K8 * Circle Cross Ranch K8 * Copper Basin K8 * Florence K8

Magma Ranch K8 * Skyline Ranch K8 * Walker Butte K8 * SuMMit * Leadership Academy of Excellence

Florence Virtual Academy * Florence High School * Poston Butte High School

DOCUMENTATION OF COURT ORDERS

Student Name:	
Grade:	
Date:	

Please check one of the following statements:	
<input type="checkbox"/>	There are no court orders or parental custody issues that apply to the student named above.
<input type="checkbox"/>	I have provided a copy of all documented court orders, restraining orders, etc. that apply to the above named student.
<input type="checkbox"/>	I have court orders, restraining orders, etc. that applies to the student named above and realize that it is my responsibility to provide copies to my child's school.
<input type="checkbox"/>	I have out-of-state court orders, and understand that they must be domesticated and registered with an Arizona superior court to be held in effect.

It is the responsibility of the Parent/Guardian to provide the school with any changes to a court order in a timely fashion.

Secondary Mailing Address

As the legal parent/guardian, I notify the school that a second copy of student school documents (*i.e. report cards, progress reports, school communications, etc.*) should be mailed and/or emailed to the following parent/guardian that the child does not reside with nor is the address listed on the Student Registration Page.

Not Applicable

Parent/Guardian Name:	
Relationship:	() Mother () Father () Guardian
Mailing Address:	
Telephone Numbers:	(H) (C) (W)
Email Address:	

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____



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STUDENT RECORD REQUEST


Records for the following student to be released from the noted school:

Student Name:	
Date of Birth:	
School Name:	
Last grade attended at this school:	
Street Address:	
City, State, Zip:	
Phone Number:	
Fax Number:	

Please send the following records to the following address:

- Scholastic Records (including all quarter grades as well as withdrawal grades)
- Achievement Test Scores
- Health Records
- Birth Certificate

<u>Send to:</u>
FLORENCE UNIFIED SCHOOL DISTRICT NO. 1
ATTN: REGISTRAR
P O BOX 2850
FLORENCE, AZ 85132
FAX:



In accordance with Arizona State Law, parent permission is no longer required when records are requested by authorized school personnel.

X

Authorized Signature

Date

F.U.S.D. SCHOOL USE

1st Request:		2nd Request:		3rd Request:		Docs. Received:	
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**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____

School _____

School District or Charter Holder **Florence Unified School District No. 1**

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:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid U.S. passport
- _____ 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, Veteran's 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



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 _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter: **Florence Unified School District No. 1** _____

School _____

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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SPECIAL EDUCATION CHECKLIST FOR NEW ENROLLMENT

Student Name:	
Grade:	

Parent/Guardian

1. Was your child involved in Special Education at his/her previous school? YES NO
2. What is your child's disability? _____
3. Did he/she have speech services? YES NO
4. If your child has received services or has a disability, please request and sign the **release of information** form so we may obtain your child's records.
5. Did you provide the school with a current IEP upon registration? YES NO

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____

Office Staff

1. Be sure parent signs the release of information form and then forward a copy to the District Special Education Office. Forwarded by: _____
2. Ask if parent has a copy of the IEP and Psychologist Report. If they do, please forward to the District Special Education Office. Forwarded by: _____
3. Notify on-site Special education Staff immediately when a student with **significant disabilities** enrolls. The parent will need to meet with either a Special Education teacher or psychologist. Notified by: _____
4. Send a copy of the **enrollment form** and **release of records form** to the District Special Education Office. Forwarded by: _____



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MIGRANT EDUCATION ELIGIBILITY FORM

SCHOOL: AN CCR CB FK8 MR SR WB SUMMIT LAE FVA
(Circle One)

Your child may be eligible for services from the Migrant Child Education Program. A Migrant/ Home School Liaison will contact you if you meet eligibility criteria.

Have you, your wife or children moved to this school district in the past 12 months seeking work in the agriculture field? If you answer NO, you need not continue:

YES

NO

Eligibility Information:			
Name of Student:		Grade:	
Father's Name:		Occupation:	
Mother's Name:		Occupation:	
Address:			
Home Phone:		Cell Phone:	

Have you or anyone in your immediate family worked in agriculture, or has been looking for work in any of the following areas;

- Watering; trees, plants
- Working in the orchards
- Working on a ranch, farm, or in the fields
- Working in a dairy
- Operating machinery (tractors)
- Cultivating, harvesting, planting
- Packing fruits or vegetables

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____

Please return to Mary Grant at the District Office



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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 School 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 housing without water or electricity.
- You are living in a place not considered traditional "housing", like a car or a campground.

A student may also 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 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.



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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: (please print)	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 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? YES NO

Unaccompanied youth also qualify for services under this law.

Please return to School Registrar.



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ENGLISH LANGUAGE LEARNING PROGRAM SCHOOL-TO-HOME COMMUNICATION UPDATE

SCHOOL: AN CCR CB FK8 MR SR WB SUMMIT LAE FVA
(Circle One)

Student Name:	
Grade:	
Teacher:	

Parents/Guardians:

Please indicate below the language in which you want information sent to you from the school concerning your child and/or school events. (Examples of information: school newsletters, report cards, messages from the principal, etc.)

School-to-Home Language requested for written documents: English Spanish

An interpreter is available to you at no cost for any District or school programs. Please indicate below if you may need an interpreter for a District or school event. (Examples of events: parent/teacher conferences, IEP meetings, Board meetings.)

I may request an interpreter for some District/School events.

Language: _____

I will not need an interpreter for District/School events.

To request a translator or interpreter, please contact your child's teacher or the ELL Department at 520-866-3500.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____

School Use:

Date entered into Schoolmaster: _____ Entered by: _____

Please provide form to homeroom teacher and place in student CUM file.



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FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) NOTICE FOR DIRECTORY INFORMATION

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that school districts, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, districts may disclose appropriately designated "directory information" without written consent, unless you have advised the district to the contrary in accordance with district procedures. The primary purpose of directory information is to allow the school district to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with three directory information categories – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent. ¹

If you do not want Florence Unified School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing within two weeks of the start of school or, if transferring into the district, **within two weeks of registration**. F.U.S.D. has designated the following information as directory information:

- Student's name
- Photograph
- Grade level
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Honors and awards received

¹ These laws are: Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. § 7908), as amended and 10 U.S.C. § 503(c), as amended.



FLORENCE UNIFIED SCHOOL DISTRICT NO. 1

PROGRAMS/POLICIES ACKNOWLEDGEMENT FORM



SCHOOL: AN CCR CB FK8 MR SR WB SUMMIT LAE FVA

(Circle One)

DATE:		SCHOOL YEAR:	
STUDENT NAME:		GRADE:	
STUDENT SIGNATURE:			
PARENT NAME:			
PARENT SIGNATURE:			
CONTACT NUMBER:			
The following policies/guidelines have been provided to you and your child. Please initial to acknowledge your receipt and understanding of the information. Student and Parent acknowledgement is required.			
1. Code of Conduct Acknowledgement		Parent Initials	Student Initials
I have been provided a copy of the F.U.S.D. Student Code of Conduct for the school year. I am aware of its contents and understand that my child is expected to follow all district and school rules. Included in the Code of Conduct is HB 2476.			
		Parent Consent	Parent Refusal
House Bill 2476 -student confinement- Confinement is defined as leaving a student alone in an enclosed space. FUSD has chosen not to use "confinement" as a disciplinary method. However, this method is useful for safety or therapeutic reasons when students pose imminent physical harm to themselves or others. If the district is compelled to use this method for the safety of your child or others or for therapeutic reasons, parent (s) will be notified as soon as possible. Additional details on HB 2476 are available on our District website.			
2. Student Acceptable Use Policy for Technology Acknowledgement			Parent Initials
As a parent or guardian of this student, I have read this policy and understand it. I acknowledge that, although the Florence Unified School District uses Internet filters and firewalls to restrict inappropriate material, it is impossible to block access to all controversial materials. I will not hold the District responsible for materials acquired by use of the information services. I also agree to report any misuse of the information services to a school district administrator. Misuse may come in many forms, but can be viewed as any message sent or intentionally received that indicates or suggests pornography, unethical or illegal solicitations, racism, sexism, inappropriate language, or other issues described in the policy.			
			Student Initials
I have read and understand the FUSD Student Acceptable Use Policy for Technology. I will not break any of the rules. If I am not sure whether it is okay to do something on the computer, I will ask the teacher, librarian, counselor, principal or technical staff. I understand that if I don't follow these rules, I may not be allowed to use the computer anymore, and/or I may be disciplined according to school policy.			
3. Florence K-8 Schools Student Handbook Acknowledgement		Parent Initials	Student Initials
I have been provided a copy of the Florence K-8 Schools Student Handbook for this school year. I am aware of its contents and understand that my child is expected to follow all district and school policies outlined in the handbook.			
a. FUSD Stamp Sheet Program Acknowledgement		Parent Initials	Student Initials
FUSD utilizes the Stamp Sheet program to instill responsibility and promote academic success for students in 4th - 8th grade. Detailed guidelines are listed in the Student Handbook.			
4. FERPA Acknowledgement / Directory Information			Parent Initials
I understand that FUSD adheres to the Family Educational Rights and Privacy Act (FERPA), which governs the types of student information that can be released without prior written consent from parents (directory information), including: student's name, photograph, grade level, honors and awards, and participation in school activities and sports. I can access the current FERPA Notification of Rights and Notice for Directory Information with a link found at the bottom of every K-8 and District website home page, or I may obtain hard copy of the notifications at the school administrative office. I understand that if I do not want FUSD to disclose part or all of the directory information for my child I must notify the District in writing, on a separate letter, within two weeks of registration.			
			Letter Attached (School Use)
			YES NO
5. Open Enrollment / Out-of-District Enrollment		In-Boundary Parent Initials	Out-of-Boundary Parent Initials
FUSD offers Open Enrollment/Out-of-District Enrollment depending on the capacity limit established for the school and/or its grade levels. The parent affirms that the student will abide by the rules, standards, and policies of the school and the District if enrolled. Failure to abide by the rules, standards and policies of the school and the District will result in revocation of open enrollment privileges. The parent has met with the Administration to review these standards and sign any applicable behavior contract. Transportation for the student is the responsibility of the parent/guardian.		Not Applicable. My child resides inside school boundaries.	
OFFICE USE			
SM Entry Date / CUM File			



Florence Unified School District #1 Student Annual Medical Information Form



(Copy to Health Office)

STUDENT/PARENT INFORMATION			
Child's Legal Name:			Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Physical Address:	Date of Birth: / /		Grade:
Mother/Step/Guardian Name:			
Home Phone: ()	Work Phone: ()	Cell Phone: ()	
Father/Step/Guardian Name:			
Home Phone: ()	Work Phone: ()	Cell Phone: ()	
Mother/Father/Step/Guardian Email Address:			@
Child resides with: () Both Parents () Mother () Father () Guardian			

PHYSICIAN INFORMATION	
<i>Please list the name of a physician to be called in case your child becomes ill or has an accident and you cannot be reached.</i>	
Physician Name:	Phone Number: ()

EMERGENCY CONTACT INFORMATION (must be 18 year of age or older)		
<i>Please provide 3 individuals who will assume responsibility of your child in case of illness or accident until you are reached.</i>		
Name	Relationship	Phone Numbers (H)ome, (W)ork, (C)ell
1.		(H) (W) (C)
2.		(H) (W) (C)
3.		(H) (W) (C)

MEDICAL HISTORY	YES	NO
Has your child had the Chicken Pox?		
Does your child wear glasses or contacts?		
Medical condition your child is being treated for: (circle) NONE Asthma Diabetes Heart Seizures Hearing Loss		
Other Medical conditions:		
Medication taken and why:		
Severe allergies and their symptoms:		
Other allergies:		
Information which will help us understand your child physically and emotionally:		

OVER-THE-COUNTER MEDICATIONS			
Occasionally your child may need an over-the-counter medication, of which, the Health Office maintains a limited supply. Please indicate below any listed medications your child may receive during the school day. (Medication will be administered at the nurse's discretion. Dosage will be consistent with the child's weight and/or age as indicated on the medication package). An OTC medication taken daily needs a doctor's consent. Physician forms can be picked up at the Health Office.			
OK to give ALL	NO medication to be given	Only circled items to be given	
Acetaminophen (Tylenol)	Ibuprofen (Motrin)	Oragel (Toothache)	Antibiotic Ointment (cuts)
Cortisone Cream (Itch)	Tums (antacid)	Eye drops	Thermo lotion (muscle soreness)
Diphenhydramine (Benadryl)	Caladryl (insect bites)	Cough Drops	

I, the undersigned, do hereby authorize the school nurse or principal's designee to give the medication checked above to my child and do hereby authorize officials of Florence Unified School District to contact directly the persons named above and do authorize the named health providers to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event that persons named on the school registration form cannot be contacted school officials are hereby authorized to take whatever action deemed necessary, in their judgment, for the health of the said child. In case of serious illness, your child will be taken to the closest hospital by ambulance, if necessary, and emergency treatment will be provided until parent or legal court ordered guardian can be contacted. Any expenses for emergency transportation and/or treatment shall be the responsibility of the parent or legal court-ordered guardian.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____



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NEW STUDENT CLASSROOM INFORMATION PAGE

This form will be provided to the classroom teacher to assist them in communicating with you.

Teacher's Name:	
Grade:	

(Please print clearly)

Student Name:	
Date of Birth:	
Parent/Guardian Name: <i>(primary contact)</i>	
Parent/Guardian Phone Numbers: <i>(Please provide in the order of calling preference)</i>	
Parent/Guardian Email:	
How does your child get home? <i>(please circle one)</i>	Walk Parent Pick-Up Bus (No. _____)
Does your child have siblings that attend this school?	Siblings Name: _____ Grade: _____ Siblings Name: _____ Grade: _____ Siblings Name: _____ Grade: _____
What will your child do for lunch? <i>(please circle one)</i>	Bring from home Buy at cafeteria Both
Does your child have access to a computer and the internet at home?	<u>Computer</u> <u>Internet</u> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Does your child have any health concerns? <i>(Allergies, daily medications, etc.)</i>	
Parent Comments: <i>(Any additional information you think might be helpful for your child's teacher.)</i>	

IMPORTANT NOTE: Siblings of students who are tutoring will be sent home per their normal daily instructions. No after-school child care is provided by the school.



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Helpful Parent/Student Information

Acceptable Use Policy for Technology

This policy is available online and outlines the acceptable use of the technology available in the Florence Unified School District. Students must adhere to the policy outlined to use the technology that is available. Parents and students will acknowledge receipt, understanding and compliance on the Program/Policies Acknowledgement Form included in this packet.

Cafeteria Menus

If you would like to view a copy of the monthly breakfast and lunch menus provided by our cafeteria, please visit our Food Service Department on the website at www.fusdaz.org. The cost of the lunch is \$2.35 and breakfast is \$1.35 per day. Adult lunches are \$3.00. A carton of milk is supplied with each lunch, or may be purchased separately for 35 cents. Reduced prices for breakfast are \$.30 for breakfast and \$.40 for lunch

Familylink

Familylink offers "real time" student information for grades, attendance and more. Each parent will have their own username and password and so will the students making the site more secure. Parents with multiple students enrolled will see all their children in a drop down menu so they can toggle between each without having to login and logout again to view each child's grades.

School Website

Our school's website is updated regularly and contains event updates, parent/student reminders, staff information, calendar of events, athletics, newsletters, emergency procedures, various helpful documents, as well as, other valuable resources. We encourage you to check the website regularly to stay informed about events occurring on campus.

School Calendar

The current school year calendar is available online and reflects school days, early release days and days when school will not be in session. If you need an additional copy, this annual calendar is maintained on the Florence Unified School District website at www.fusdaz.org. (Under the Short Cuts Box found on the left side of the screen you will see District Calendar listed. After selecting District Calendar option a monthly calendar will appear that reflects District Events, as well as, a District Calendar box on the left. Select the appropriate school year calendar to open and print, if desired, the calendar you need.)

Tax Credit Donations

Arizona State Law allows taxpayers to donate up to \$400 per household (\$200 for single taxpayers and head of household; \$400 for a married couple filing a joint return) of their state taxes to public schools to support extracurricular activities. Your donations reduce the costs of school sponsored activities for students. You do not have to have a student at F.U.S.D. or any other public school to take advantage of this tax break. Tax Credit Donations can easily and quickly be processed online at: <https://payment.fusdaz.org>. You will need your child's student ID number or sign-in as a guest if you do not have a child in our District. Tax Donation forms are available in the school's front office. Payments online can be designated as Tax Credit Donation. Payments in person MUST be accompanied by a form or they will not be processed as a Tax Credit Donation.