



**ALL attached forms in the Registration Packet MUST be complete**

- |   |  |
|---|--|
| ____ Student Registration Form                        | ____ Student Health Form                           |
| ____ Home Language Survey                             | ____ Arizona Residency Documentation Form          |
| ____ Student Housing (McKinney Vento) (If applicable) | ____ Affidavit of Shared Residency (If applicable) |
| ____ Record of Special Programs Form                  | ____ Open Enrollment Application (If applicable)   |
| ____ Records Request                                  | ____ Child Nutrition Information                   |

**The following information must be provided at the time of registration:**

- Completed Registration Packet
- Photo I.D. of parent/guardian registering the student.
- Proof of Arizona residency – **ONE** of the following must be submitted:
  - Valid Arizona driver's license, Arizona identification card or Arizona motor vehicle registration
  - Valid Arizona Address Confidentiality Program authorization card
  - Property deed, mortgage documents, Property tax bill, lease or rental agreement, Current utility bill (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 or other Documentation from a state or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
  - If the student resides outside the school's attendance boundaries, an Open Enrollment application must be completed.
- Birth Certificate – The person enrolling a student in the school for the first time will be asked to produce a certified copy of the child's birth certificate. A.R.S. 15-828
- Withdrawal Documents – Official withdrawal documents from previous school.
- Proof of Custody or Guardianship, if applicable – **ONE** of the following must be submitted:
  - Custody Papers
  - Arizona Court Appointed Guardianship papers or Tribal Court Appointed Guardianship
  - Documentation from the Superior Court of Arizona showing the pending court date for your Guardianship hearing. Final papers must be provided within one week of the hearing date.
- IMMUNIZATION RECORDS** – Parent /Guardian **MUST** have proof of immunizations before enrolling:
  - Document signed by physician, physician's office, health provider or former school record with signature.
  - Tetanus (DTaP, DTP, Td) – There must be at least 4 vaccination dates.
  - Tdap- **MUST** have received Tdap (tetanus booster with pertussis protection after the age of 11 years.)
  - Polio – 4 doses after 6 weeks of age; 3 doses if at least 1(one) dose was given after 4 years of age.
  - MMR – Measles, Mumps, Rubella – 2 doses are required. 1<sup>st</sup> MMR must be after the first birthday.
  - Hepatitis B – 3 doses are required.
  - Varicella (Chicken Pox, VZV)-1 is required; 2 are recommended.
  - Meningococcal – 1 vaccine after the age of 11 years.

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Received by: \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

STUDENT INFORMATION			
Legal Last Name		First	Middle
Mother's Name as listed on Birth Certificate		Father's Name as listed on Birth Certificate	
Grade	Birth Date	Birth City, State, Country	
<b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>STUDENT SERVICES</b> Has your child ever received Special Services, including Speech? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever attended the Alhambra Elementary School District? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Ethnicity:</b> Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race</b> (Check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native: Tribal Name _____ CIB # _____		
Last School Attended	City, State	Phone	

**PARENTS/GUARDIANS - MUST BE LEGAL GUARDIANS - ALL OTHERS SHOULD BE LISTED AS EMERGENCY CONTACTS BELOW.**

<b>PARENT/GUARDIAN LIVES WITH STUDENT</b>	Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Other legal guardian (please specify & provide legal document)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	School-to-home communication? <input type="checkbox"/> English <input type="checkbox"/> Spanish
	Last Name	First	Middle	<input checked="" type="checkbox"/> Lives with Student <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release to <input type="checkbox"/> Financial Resp.
	Primary Phone	Phone 2	Email	
	Address		Mailing Address (if different)	City, Zip
	City, Zip			

<b>PARENT/GUARDIAN</b>	Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Other legal guardian (please specify & provide legal document)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	School-to-home communication? <input type="checkbox"/> English <input type="checkbox"/> Spanish
	Last Name	First	Middle	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Release to <input type="checkbox"/> Financial Resp.
	Primary Phone	Phone 2	Email	
	Address		Mailing Address (if different)	City, Zip
	City, Zip			

**EMERGENCY CONTACTS: MUST be over 18 years old, other than parent/guardian listed above, that have permission to pick up child or be contacted for emergency or illness. Students will not be released to anyone not listed as an emergency contact.**

1	First & Last Name	Phone	Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____
2	First & Last Name	Phone	Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____
3	First & Last Name	Phone	Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____
4	First & Last Name	Phone	Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____

Additional contacts, if needed, may be provided to the school office.

The information listed above is accurate and complete to the best of my knowledge.

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

<b>OFFICE USE ONLY</b>	Entry Date	Entry Code	Student ID Number	SATS/SSID	Open Enrollment: <input type="checkbox"/>	Map/ Grid Code
	Grade	Age Sept. 1	Birth verification: <input type="checkbox"/> BC Other (List) _____		<input type="checkbox"/> District Resident	
	School			School of Residence within District		
	Teacher			<input type="checkbox"/> Non-District Resident		



**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)


  
**ALHAMBRA**
  
 ELEMENTARY SCHOOL DISTRICT
   
**McKinney-Vento Residency Survey**

Dear Parent/Guardian:

**All information on this form is confidential. Please complete one form for each family and return it to the school office.** The answers to this residency survey help to determine the educational and social service needs of the community and any services your child may be eligible to receive, like homeless assistance.

**Section A**

Name of Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Total number of persons in household: \_\_\_\_\_ Primary home language: \_\_\_\_\_

Address: \_\_\_\_\_

Is this a new address?  Yes  No How long do you anticipate staying at this address? \_\_\_\_\_

Is this address change due to loss of housing or economic hardship?  Yes  No If No, skip to **Section C** below.

**Section B Check all that apply:**

Rent  Own  Hotel/Motel Name: \_\_\_\_\_  Transitional Housing: \_\_\_\_\_

Shelter Name \_\_\_\_\_  Other: \_\_\_\_\_

Staying with others: Please explain \_\_\_\_\_

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID \_\_\_\_\_ Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID \_\_\_\_\_ Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID \_\_\_\_\_ Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID \_\_\_\_\_ Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Previous school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Please mark any of the following areas that your family is in need of assistance at this time:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Housing programs      | <input type="checkbox"/> After-school programs       | <input type="checkbox"/> Food assistance programs | <input type="checkbox"/> Immunizations or health records |
| <input type="checkbox"/> School transportation | <input type="checkbox"/> Preschool/Headstart program | <input type="checkbox"/> Hygiene/household items  | <input type="checkbox"/> School uniforms or supplies     |

**Section C**

I declare that the information provided here is true and correct and of my own personal knowledge.

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

The Rights of the Homeless are located on our website and in the handbook given to every parent either upon enrollment or at the beginning of the school year. If you would like another copy, please ask the office who will be able to assist you.

**School Use Only** Please ensure the above has Student ID, Teacher and School for each child in the family.  
**Return this form to McKV at the District Office. For immediate needs please email form to [McKinneyVentoForms@alhambraesd.org](mailto:McKinneyVentoForms@alhambraesd.org) and call us at 602 336-2200 ext 2838.**

**District Use Only**

School of  Origin  Residence  Choice  Special Transportation  Shared  In District  Bus Passes  Perm. House Date \_\_\_\_\_

I certify that the above named student qualifies for services under the provisions of the McKinney-Vento Act.

\_\_\_\_\_  
 District McKinney-Vento Liaison Signature Date

Front Office Binder McKinney Vento School Liaison

Alhambra Elementary School District  
4510 N. 37<sup>th</sup> Avenue  
Phoenix, Arizona 85019

## Record of Special Programs

PLEASE COMPLETE THIS FORM SO THAT WE MAY ENSURE THAT YOUR CHILD RECEIVES ALL NECESSARY  
SUPPORT AND SERVICES

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent / Guardian \_\_\_\_\_

Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Address where child resides: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My child has **NOT** received Special Programs Services / Resource

\_\_\_\_\_ My child **HAS** received Special Programs Services / Resource \*

*\*If you checked that your child HAS received services **PLEASE CHECK BELOW ALL THAT APPLY***

\_\_\_\_\_ English Language Learner

\_\_\_\_\_ Gifted

\_\_\_\_\_ My child has a 504 Plan **MUST** provide current copy of 504 plan

\_\_\_\_\_ My child has an Individual Education Plan (IEP) **MUST** provide current copy of IEP

PLEASE MARK BELOW THE SPECIAL EDUCATION SERVICES THAT APPLY TO YOUR CHILD.

\_\_\_\_\_ Resource    \_\_\_ Reading    \_\_\_ Math    \_\_\_ Written Language    \_\_\_ Other

\_\_\_\_\_ Adaptive Physical Education

\_\_\_\_\_ Physical Therapy

\_\_\_\_\_ Specialized Transportation (per IEP)

\_\_\_\_\_ Assisted Technology

\_\_\_\_\_ Speech/Language Therapy

\_\_\_\_\_ Occupational Therapy

\_\_\_\_\_ Hearing Impaired

\_\_\_\_\_ Vision Impairment

\_\_\_\_\_ Special Class (self-contained)    \_\_\_ Academic    \_\_\_ Emotional Behavior    \_\_\_ Other

Other: \_\_\_\_\_



## AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

### **Please Print all information**

The student listed below has enrolled at:

New School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Student's current grade: \_\_\_\_\_

### **PREVIOUS SCHOOL INFORMATION**

Name of Previous/Last School Attended: \_\_\_\_\_

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

Last Day Attended: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

*In accordance with the Family Educational Rights and Privacy Act of 1974 and with Arizona State Law, I hereby authorize the school named above to release the following information:*

Please include the following records:

\_\_\_\_ Official Academic Transcript

\_\_\_\_ Health/Shot Records

\_\_\_\_ Test Data Scores

\_\_\_\_ Discipline Records

\_\_\_\_ IEP (if applicable)

\_\_\_\_ Attendance Records

\_\_\_\_ Withdrawal Form

\_\_\_\_ Grades/Report Card

Parent Signature: \_\_\_\_\_

OR School Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Health History and Medical Emergency Information

The following information must be completed **EVERY SCHOOL YEAR** to update your student's health records.

Student: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Teacher/Grade \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (please circle one) Male/Female  
 Student Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Student lives with (please circle one) Mother/Guardian Father/Guardian  
 Mother/Guardian: Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Father/Guardian: Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Doctor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Insurance: \_\_\_\_\_ Policy # or AHCCCS # \_\_\_\_\_

\*\*\*\*\*

### Emergency Contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*\*

### Medical Information:

Does your child have or had a history of:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ADD/ADHD            | <input type="checkbox"/> Asthma*                             | <input type="checkbox"/> Gastrointestinal Disorder     |
| <input type="checkbox"/> Allergies*          | <input type="checkbox"/> Autism                              | <input type="checkbox"/> Hearing/Ear Disorder          |
| <input type="checkbox"/> Food _____          | <input type="checkbox"/> Birth Defect/Developmental Disorder | <input type="checkbox"/> Heart Condition               |
| <input type="checkbox"/> Medication _____    | <input type="checkbox"/> Chicken Pox/Varicella               | <input type="checkbox"/> Hemophilia/Bleeding Disorder* |
| <input type="checkbox"/> Insect Stings/Bites | <input type="checkbox"/> Cystic Fibrosis                     | <input type="checkbox"/> Neuro Disorder                |
| <input type="checkbox"/> Seasonal            | <input type="checkbox"/> Diabetes Type 1*                    | <input type="checkbox"/> Seizure Disorder*             |
| <input type="checkbox"/> Skin Ointment _____ | <input type="checkbox"/> Diabetes Type 2*                    | <input type="checkbox"/> Vision/Glasses                |
| <input type="checkbox"/> Latex               | <input type="checkbox"/> Emotional/Psychiatric Disorder      | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Animals _____       | (depression/bipolar)   |  |

**\*These conditions will require a current health care plan; please see your school nurse.**

Please provide any other information that will help us understand above marked answers:

\*\*\*\*\*

At health office's discretion, student may have:

Non-Aspirin (Acetaminophen)	Yes/No
Throat Spray	Yes/No
Oral Anesthetic	Yes/No
Topical Antiseptic/Anesthetic	Yes/No

Is your child currently taking medication(s)? List below:

MEDICATION AT HOME	DOSE	FREQUENCY

MEDICATION AT SCHOOL	DOSE	FREQUENCY

If your child needs to take medication at school, you must provide the medication in the prescription container that provides dosage and time to be administered and a permission form must be completed.

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



**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

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 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)
- \_\_\_ 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. **(MUST complete Affidavit of Shared Residence form)**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.





**State of Arizona  
Affidavit of Shared Residence**

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

Parent/Legal Guardian Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School District or Charter Holder: \_\_\_\_\_

Name of Arizona Resident: \_\_\_\_\_

I, (resident name) \_\_\_\_\_ 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**

The foregoing was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

Administrator OR Notary Signature \_\_\_\_\_ Notary Commission Expires:

NOTARY -State of Arizona - County of \_\_\_\_\_

ALHAMBRA ELEMENTARY SCHOOL DISTRICT OPEN ENROLLMENT

Student's name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First M.I.

Parent's name \_\_\_\_\_  
Last First M.I.

Home address \_\_\_\_\_  
Street City Zip

Home / Cell phone \_\_\_\_\_ Parent Email \_\_\_\_\_

The above-named child:  resides outside the Alhambra School District; or  
 resides within the Alhambra School District

School of Residence \_\_\_\_\_ District \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Current grade placement/completed \_\_\_\_\_

Special program needs  IEP **STUDENT SERVICES APPROVAL REQUIRED PRIOR TO OF ACCEPTANCE**

Gifted  504 Plan

Request assignment to \_\_\_\_\_ School. Current grade \_\_\_\_\_

Reason for request: \_\_\_\_\_

Is the above-named child:

Yes  No Expelled from any school or district?

Yes  No Currently being considered for expulsion from a school or district?

Do you have children currently attending this school?  Yes  No If yes, fill out name of child(ren) and grade(s):

Name(s) \_\_\_\_\_ Grade(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I understand that enrollment at Alhambra Elementary District Schools will be contingent upon available space for the given year and adherence by student and parent/guardian to District and school rules, prompt and regular attendance, and achievement of the District's educational objectives. If your child's grade or program is at capacity at your school of choice, we will work with you to find another school that has room. Falsification or withholding of any information may result in application being denied or admission being revoked. Transportation is the responsibility of the parent or legal guardian unless otherwise required by state or federal law. Open Enrollment acceptance is on a rolling basis, and application is subject to annual review to determine whether student continues to be eligible.*

Reference - AESD Policy JFB & JFB-R

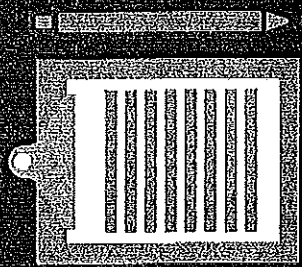
\_\_\_\_\_  
Signature of parent or guardian Date of application

FOR DISTRICT USE ONLY \* DO NOT WRITE BELOW THIS LINE

**Director of Student Services** Accepted \_\_\_\_\_ Wait Listed \_\_\_\_\_ Signature \_\_\_\_\_

Principal - Date \_\_\_\_\_ Accepted \_\_\_\_\_ Denied Reason \_\_\_\_\_

\_\_\_\_\_  
Placed on Waiting List Signature \_\_\_\_\_



# Submit Your 22-23 Child Nutrition Form Today!

ALHAMBRA ELEMENTARY SCHOOL DISTRICT

We are excited to announce the continuation of FREE school meals to all students in our district! However, families still need to complete one of the 22-23 Child Nutrition forms (linked below), depending on your school. This supports school funding, grant funding, may approve your family for future P-EBT benefits, discounted rates for internet services, and many more. **Only one form is needed per household each year. Submit yours today!**

START  
HERE

YES

At least one of  
my students  
attends one of  
the schools listed

DO ANY OF YOUR STUDENTS GO  
TO ONE OF THESE SCHOOLS?

- Alhambra Traditional
- Catalina Ventura
- Global Academy of Phoenix
- Granada East
- Granda West
- James W. Rice
- Madrid Neighborhood
- Sevilla West
- James W. Rice
- Valcencia

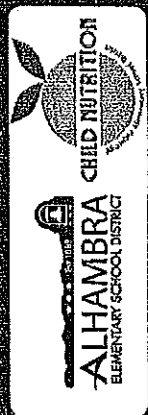
NO

I only have students at:  
Arizona K-8 Online Academy,  
Alhambra Preschool Academy,  
Barcelona, Carol G. Peck,  
Gordova, Choice Learning  
Academy, Sevilla East or  
Westwood

Meal Application required  
<https://family.titank12.com>



Questions?  
Contact the  
Child Nutrition Office at  
602-336-2980  
[childnutrition@alhambraesd.org](mailto:childnutrition@alhambraesd.org)



Alternate Income Form  
required

<https://bit.ly/3ekoXDe>



This institution is an equal opportunity provider.