

CASA BLANCA COMMUNITY SCHOOL



Enrollment Packet

SY 2025 - 2026

Required Documents

(For New students ONLY or current student missing documents):

Birth Certificate

Certificate of Indian Blood (if student is not enrolled need parents documents)

- Optional
- Current Court documents/Guardianship documents
 - Power of Attorney of Minor Child
 - Legal custody papers (if applicable)

Kindergarten Eligibility:

Children must be five (5) years of age by August 31 of the current school year (A.R.S. § 15-821 C). Children who have birthdays that fall between September 1 and September 30 will be accepted upon readiness, space availability, and CBCS administrative review and approval.

OFFICIAL USE ONLY

Parent/Guardian Received

Dress Code
Attendance Information
Pickup/Drop-off Information
(Transportation)

Documents Received Date: _____

Enrollment Packet
Nurse Consent Form
Birth Certificate
Certificate of Indian Blood
Court Documents

Casa Blanca Community School
5297 West Nelson Road
Bapchule, AZ 85121
Phone: (520) 315-3489



Casa Blanca Community School
STUDENT ENROLLMENT FORM

SY 2025 - 2026

STUDENT INFORMATION

				M	F	
Last Name	First Name	Middle Name	Nickname	Gender		
Age	Birth Date ^(MM/DD/YYYY)	Birth City	Birth State	Tribal Affiliation	Tribal Enrollment #	
Race/Ethnicity (select all that apply)		American Indian or Alaska Native	Asian	Black or African American	White	
					No	Yes
FACE KG 1st 2nd 3rd 4th 5th		Home District (Community)		FACE Program?		
Grade (select one)				If yes, is student potty trained?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Student's Physical Address				City	Zip Code	
Student's Mailing Address				City	Zip Code	

PARENT/GUARDIAN INFORMATION

1) Parent/Guardian Information

Last Name	Middle Name	First Name	Relationship to Student		
Address	Apt / Suite	City	State	Zip Code	
Home Phone	Cell Phone	Business Phone	Email Address		

2) Parent/Guardian Information

Last Name	Middle Name	First Name	Relationship to Student		
Address	Apt / Suite	City	State	Zip Code	
Home Phone	Cell Phone	Business Phone	Email Address		

SCHOOL HISTORY

Has your Child attended another school? No Yes

If yes, please list ALL schools attended: _____

Name/Address of LAST School attended: _____

Has your Child repeated a Grade? No Yes Grade Level Repeated: _____ /Year: _____

Does your Child have siblings attending CBCS? No Yes If yes, please list sibling(s) names(s): _____

SPECIAL SERVICE PROGRAMS

Has your child been enrolled in any of these Programs: Special Education with IEP Speech

Occupational Therapy (OT) Gifted 504 Plan

AUTHORIZED INDIVIDUALS

The following person(s) listed below are **authorized to check-out my Child** or **be contacted by CBCS** if parent/legal guardian is not available.

Name (First name & Last name)	Relationship to student	Phone (Home/Cell/Work)
Name (First name & Last name)	Relationship to student	Phone (Home/Cell/Work)
Name (First name & Last name)	Relationship to student	Phone (Home/Cell/Work)
Name (First name & Last name)	Relationship to student	Phone (Home/Cell/Work)
Name (First name & Last name)	Relationship to student	Phone (Home/Cell/Work)

NON-AUTHORIZED INDIVIDUAL(S)

The following person(s) listed below are NOT authorized to check-out my child. (Provide additional paperwork)

Name	Relationship to student
Name	Relationship to student

PARENT / GUARDIAN SIGNATURE

Printed Name of Parent / Guardian	Signature of Parent / Guardian	Date
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Student shirt size:	Shirt size for Adult 1:	Shirt size for Adult 2:
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OFFICIAL USE ONLY

Registrar Signature	Date
Principal Signature	Date
Teacher	FACE KG 1st 2nd 3rd 4th 5th Grade



Casa Blanca Community School

EMERGENCY INFORMATION

SY: 2025 - 2026

Student Name	Date of Birth	M F Gender
Physical Address	City	Home District (Community)
Parent/Legal Guardian's Name	Relationship to Student	
Home Phone#	Cell Phone#	Work Phone#

IN CASE OF EMERGENCY or IF I cannot be contacted to pick up my child, I hereby authorized the following person(s) to pick up and/or authorized release of my child.

1)	Name (First name & Last name)	Home Phone#	Cell Phone#	Work Phone#	Relationship to student
2)	Name (First name & Last name)	Home Phone#	Cell Phone#	Work Phone#	Relationship to student
3)	Name (First name & Last name)	Home Phone#	Cell Phone#	Work Phone#	Relationship to student
4)	Name (First name & Last name)	Home Phone#	Cell Phone#	Work Phone#	Relationship to student

MEDICAL INFORMATION

Doctor's Name / Facility	Phone#
Dentist's Name / Facility	Phone#

Is student allergic to any foods or other substances? (If so, name the foods or substances to avoid, and procedures to follow if reaction occurs.) _____

Is student usually susceptible to infections and if so, what precautions need to be taken? _____

Has your child had the chicken pox or received the chicken pox vaccination (varicella)? No Yes

If you check yes above, date of chicken pox or the vaccination? _____

Hearing Problems? No Yes Wears glasses/contacts? No Yes

Is your child on daily medication? No Yes Specify: _____

I give my consent for my child listed above to be released to the relative/friend I have designated and/or to be taken to the nearest hospital.

Signature of Parent/Guardian	Date
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OFFICIAL USE ONLY

Teacher	FACE KG 1st 2nd 3rd 4th 5th
	Grade



Casa Blanca Community School

FORMAL REQUEST FOR STUDENT RECORDS **SY 2025 - 2026**

		FACE	KG	1st		M	F
Student Name	Date of Birth	Grade (select one)			Gender		

Name of Parent / Guardian

Request from (Last School Attended)

Parent / Guardian Signature

Date

INFORMATION REQUESTED – OFFICIAL USE ONLY

- Official Transcript
- Withdrawal Form
- Immunization Records/Hearing & Vision Report
- State Assessment Scores (State Assessments, AZMERIT)
- Specialized Student Data/504 Accommodation Plan
- Special Education Data including the most recent:
 - Psychological Evaluation
 - Multidisciplinary Evaluation Team (MET) with eligibility determination
 - Individualized Educational Plan (IEP)
- Discipline Records
- Education and Career Action Plan (ECAP's)

SEND SCHOOL RECORDS TO: Casa Blanca Community School
Attn: Registrar
5297 W Nelson Road
Bapchule, AZ 85121
Phone: (520) 315-3489
Email: llaughter@cbschools.com

SEND SPECIAL EDUCATION RECORDS TO: Exceptional Student Services
Attn: ESS Coordinator
5297 W. Nelson Road
Bapchule, AZ 85121
Phone: (520) 315-3489
Email: amoreno@cbschools.com

Date of 1st Request: _____

Date of 2nd Request: _____

Date of 3rd Request: _____

*** No Parent Signature Required to be sent to another Educational Agency. ***



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)
Office of English Language Acquisition Services
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas

OFFICIAL USE ONLY

	FACE KG 1st 2nd 3rd 4th 5th
Teacher _____	Grade _____



Casa Blanca Community School MCKINNEY-VENTO RESIDENCY FORM

SY: 2025 - 2026

FACE KG 1st
2nd 3rd 4th 5th

Student's Name

Date of Birth

Grade (select one)

The McKinney-Vento Homeless Assistant Act (43 U.S.C. 11431 et.seq.) defines "homeless" as individuals who lack a fixed, regular, and an adequate nighttime resident." This includes children who "are **temporarily** sharing the housing of other persons due to the loss of housing or economic hardship."

Does not apply; student is not homeless

Please check one of the following statements if your family is experiencing temporary homelessness:

Living in a shelter, including transitional housing shelters; awaiting foster care, etc.

Please provide name of Shelter: _____

Shelter Address: _____

Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation. Please provide information regarding area in which student is living:

Living in hotel/motels for lack of other suitable housing. Please list name and address of hotel/motel: _____

Doubled-up; **Temporarily** living with family or friends due to lack of adequate housing or financial conditions.

Please provide address of where student is living: _____

Please answer the following if you check one of the four boxes above:

How long do you expect to be at this address? _____

Are you seeking permanent housing? No Yes

Date student move to this address: _____

Is a parent living in the home with the student? No Yes

If no, with whom is the student living with? _____

Relationship: _____

The School Social Worker and/or Parent Liaison may be in contact with you if clarification or bus transportation is needed.

We have read the information provided and indicated our living circumstances above with regard to the McKinney-Vento Act.

Signature of Parent/Guardian

Date

OFFICE USE ONLY

Does Qualify under McKinney-Vento Act

Does NOT Qualify

FACE KG 1st 2nd 3rd 4th 5th

Teacher

Grade

Homeless Liaison Signature

Date



Casa Blanca Community School
MEDIA AUTHORIZATION
SY: 2025 - 2026

Throughout the school year and only with the prior approval of the Principal, there may be times when Casa Blanca Community School (“CBCS”) staff, the media, or other organizations may take photographs of students, audio/videotape students, or interview students for school-related stories or purposes (i.e., yearbook) in a way that would individually identify a specific student.

I, Parent/Guardian of _____, grant CBCS the permission to use my child’s image for
(Student’s Name)
photographs and/or videotaped image for the purposes mentioned above. I understand and agree that CBCS may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the School Principal in writing.

Furthermore, I hereby consent that such photographs, films, recordings, projects, and tapes are the property of CBCS, and they shall have the right to distribute, duplicate, reproduce, and make other uses of such photographs, films, recordings, projects, and tapes as they desire free and clear of any claim whatsoever on my part.

Please check the appropriate box:

I **DO** give my permission to you to include my child’s image on videotape or photos as he or she participates in class or other activities conducted at CBCS.

I **DO NOT** give my permission to videotape my child or to reproduce materials that my child may produce as part of classroom or other activities.

Signature of Parent/Guardian

Date

OFFICIAL USE ONLY

Teacher

FACE KG 1st 2nd 3rd 4th 5th
Grade



Casa Blanca Community School

TECHNOLOGY AGREEMENT

SY: 2025 - 2026

Please read this document carefully. This form tells you what is allowed when using the computer and the Internet.

Terms and Conditions:

1. I will use the computer and the Internet for schoolwork only.
2. I will not change, add, delete, or destroy computer parts or programs on the school computers.
3. I will not post, view, or download anything illegal or against school and/or classroom rules.
4. I will not open another person's files without permission.
5. I will only use the websites and programs my teacher tells me to use.
6. I will not go to websites that are blocked.
7. I will use appropriate language.
8. I will not cyberbully (Use the computer to bully someone by sending mean, hurtful, or scary messages or pictures).
9. I will not give out my or anyone else's phone number, address, or other personal information.
10. I will follow copyright laws and will not copy someone else's work.
11. I will tell a parent, teacher, or the principal if I accidentally access inappropriate material.

I understand that if I do not use the computer or internet correctly, it will result in disciplinary action and/or not being allowed to use the computer or Internet.

I understand and promise to follow the rule in this agreement.

**FACE KG 1st
2nd 3rd 4th 5th**

Student Name

Grade (selete one)

Date

Parent /Legal Guardian Cosigner

As the parent or guardian of this student, I understand that the Internet, electronic mail, and technology resources such as computers are intended for educational purposes only. I understand that although CBCS has taken reasonable precautions to protect against my Child's access to inappropriate material, it is impossible for CBCS to restrict access to all controversial or offensive materials. Accordingly, I will hold CBCS harmless for any information my child acquires on the INTERNET. I also agree to report to my child's school Principal any misuse of the INTERNET, electronic mail, or other technology resources.

I agree that my child will abide by the CBCS policy, regulations, and exhibits appropriate use of the Internet.

I hereby give my permission to have my child actively use and view the Internet at CBCS. I certify that my child has agreed to abide by the terms and conditions of this agreement. Once this permission is given, I understand that it will remain in effect for the 2024-2025 school year unless I notify CBCS in writing that I wish to revoke it.

PRINTED Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

OFFICIAL USE ONLY

FACE KG 1st 2nd 3rd 4th 5th

Teacher

Grade



Casa Blanca Community School

TRANSPORTATION REQUEST FORM

SY: 2025 - 2026

FACE KG 1st 2nd 3rd 4th 5th
Grade (select one)

Student Name

AM Pick-up Address (address where student will be picked up in the **morning**)

Home District (Community)

The above AM address is our place of residence

The above AM address is **not** our place of residence

Detail Location of **AM** Address (Describe in detail)

PM Drop-off Address (address where student will be dropped-off in the **afternoon**)

District

The above PM address is our place of residence

The above PM address is **not** our place of residence

Detail Location of **PM** Address (Describe in detail)

Contact Information

1.	Mother Father Guardian	
Name of Emergency Contact 1	Relationship to Student (select one)	Working Phone Number(s)-Home/Cell/Work
2.	Mother Father Guardian	
Name of Emergency Contact 2	Relationship to Student (select one)	Working Phone Number(s)-Home/Cell/Work
3.		
Name of Emergency Contact 3	Relationship to Student	Working Phone Number(s)-Home/Cell/Work

Parent/Guardian Signature

Date

OFFICIAL USE ONLY

FACE KG 1st 2nd 3rd 4th 5th

Start Date

Teacher

Grade

TRANSPORTATION DEPARTMENT USE ONLY

Received By: _____

Date: _____

AM: Route #: _____

Bus Driver: _____

PM: Route #: _____

Bus Driver: _____



Casa Blanca Community School

EXPECTED BEHAVIOR FORM - BUS RULES

SY: 2025 - 2026

Expected Student Behavior

1. Obey the bus driver at all times.
2. Be on time for the bus, both in the morning and afternoon.
3. Stand a safe distance from the curb or highway.
4. Be courteous to the driver and other bus passengers.
5. When crossing street by school bus, always cross in front of bus.
6. Always use the steps and handrail when boarding and leaving the bus.
7. Sit quietly in assigned seat. Remain seated facing forward, with your seat belt on, while the bus is moving. The aisle is not to be blocked at any time.
8. No eating, drinking (except water in plastic bottles), chewing gum, or spitting inside the bus.
9. Keep hands, head, arms, and all objects inside the bus.
10. Talk in normal tones; loud, rude, vulgar, or obscene language is prohibited.
11. Keep the bus clean and free of damage. Vandalism will not be tolerated.
12. Students are permitted to leave the bus only at their designated stops. **Any changes require a parent or guardian's written request, approved by a school official.**
13. Students are permitted to ride only their assigned bus. Any change requires a parent or guardians written consent, approved by a school official.
14. Remain seated while bus is in motion and until it comes to a stop.
15. The law prohibits the following items on school buses: • Alcoholic beverages • Tobacco • Dangerous or narcotic drugs • Legally prohibited substances • Animals, insects, or reptiles • Fireworks • Smoke or stink bombs • Explosives • Glass items • Weapons • Other dangerous objects. All items carried by students (i.e., instruments, backpack, etc.) must be under their control at all times, and must be carried in the lap, between the seats, or properly secured in a vacant seat.

SCHOOL BUS RULES AND CONSEQUENCES

**Parent's
Initial**

Please note, the same rules in effect on campus and in the classroom also apply while on the bus. Please be respectful and courteous and follow these rules. Failure to follow the rules set forth by Casa Blanca Community School will result in the following.

_____ **1st Offense:** Immediate referral to Transportation Department and possible parent/guardian notification.

_____ **2nd Offense:** Immediate referral to Transportation Department and notification to parents/guardians of the offense.

_____ **3rd Offense:** Student will be suspended from the bus for three days. A conference with parents/guardians is required before the student can begin riding the bus again. Should the student's misbehavior continue, he/she may be suspended from riding the bus indefinitely. It is then the responsibility of the parents/guardians to transport the student to and from school.

Parent/Guardian's Name / Date

Student's Name / Date



Casa Blanca Community School
BUS RIDER RULES
SY: 2025 - 2026



- 1) **Sit in your assigned seat.**
- 2) **Use your seat belt.**
- 3) **Observe same conduct as in the classroom.**
- 4) **Be Courteous. Use no profane language.**
- 5) **Keep your hands to yourself.**
- 6) **No yelling or loud noises.**
- 7) **Do not eat or drink on the bus.**
- 8) **Keep the bus clean.**
- 9) **Do not be destructive.**
- 10) **Keep all personal items in your backpack.**
- 11) **Keep your head, hands, and feet inside the bus.**
- 12) **Always listen to the Bus Driver!**

KEEP THIS PAGE AT HOME
A REMINDER FOR STUDENTS