San Xavier Mission Catholic School Enrollment for 2021 - 2022

In preparation for the start of 2021 – 2022 school year, San Xavier Mission Catholic School enrollment/reenrollment is now open. Please take time now to complete your child’s enrollment/reenrollment for next year.

By completing the Enrollment Application, you demonstrate your desire to continue giving your child the gift of a faith-based education that provides an environment of excellence for academic and spiritual development.

To complete the enrollment process, please download the registration application or visit the school office for a copy. San Xavier Mission School families will also receive the 2021-2022 Registration Packets by mail.

Enrollment Checklist
Please complete and provide the necessary enrollment forms

- San Xavier Mission School 2021-2022 Registration Form
- Request for Transfer of Student Records Form *
- Birth Certificate* **
- Baptismal Certificate, if applicable* **
- Medical Immunization Record * **
- Records from all previous schools’ *
- Tribal Registration, if applicable * **
- Copies of all special education documentation, 504 Service Agreement, or any other pertinent paperwork, if applicable * **
- Court order indicating limitations for non-custodial parents, if applicable* **

*New Families **Update documents

If you have any questions, please contact the school office at 520-294-0628

Thank you for the continued privilege of serving your family and teaching your children.

Laura Verdugo
Administrative Assistant
San Xavier Mission Catholic School
1980 San Xavier Rd.
Tucson, Arizona 85746
Office: (520) 294-0628
email: lverdugo@sxmschool.org
San Xavier Mission Catholic School Scholarship Program for 2021 – 2022

Scholarship Program Information:
Families are recommended to apply to a minimum two STO's. Below are four websites of the Scholarship Tuition Organizations (STO's) San Xavier Mission School uses. Please review each website and before applying let me know so that I can provide you with the school information.

https://www.ibescholarships.org/
https://arizonaleader.org/
https://www.fairapp.com
http://brophyfoundation.org

There are application fees to some of the programs we use; however, if you are experiencing financial hardship and cannot pay the application fees, please do not be discouraged. Call the office immediately as we may be able to help.

Here is a list of documentation that you will need with you. Only those that apply to you.

1. Complete copy of 1040, 1040A or 1040EZ Tax documents
2. Copy of the two most current paystubs
3. Copy of W-2
4. Copy of SNAP Original letter with all household members
5. Copy of any Legal documents on custody or guardianship (if not on file here).
6. Copy of latest 401K, 403B, Keogh from your banking institution for retirement plan.
7. Copy of the latest statement document on your home, if applicable.

If I can answer any questions or if you have any concerns, please do not hesitate to contact me.

Thank you for the privilege of serving your family and teaching your children.

Maria Larrañaga
Scholarship/Programs Manager
San Xavier Mission School
1980 W. San Xavier Rd.
Tucson, AZ 85746
Office: (520) 294-0628
e-mail: mlarranaga@sxmschool.org
SAN XAVIER MISSION CATHOLIC SCHOOL
1980 San Xavier RD. Tucson, Arizona 85746
Office: 520-294-0628

MOTHER/GUARDIAN INFORMATION

LAST NAME: ___________________________ FIRST NAME: __________________________ MIDDLE: __________________________
HOME ADDRESS: ___________________________ MAILING ADDRESS: ___________________________

EMAIL ADDRESS: ___________________________

MOBILE PHONE: ___________________________ HOME PHONE: ___________________________
☐ Employed ☐ Self-Employed ☐ Student ☐ Other

Mother’s Occupation and Employer: ___________________________ WORK PHONE: ___________________________

FATHER/GUARDIAN INFORMATION

LAST NAME: ___________________________ FIRST NAME: __________________________ MIDDLE: __________________________
HOME ADDRESS: ___________________________ MAILING ADDRESS: ___________________________

EMAIL ADDRESS: ___________________________

MOBILE PHONE: ___________________________ HOME PHONE: ___________________________
☐ Employed ☐ Self-Employed ☐ Student ☐ Other

Father’s Occupation and Employer: ___________________________ WORK PHONE: ___________________________

OFFICE USE ONLY

STUDENT #
☐ Birth Certificate
☐ Baptismal Certificate
☐ Transferee Report Card
☐ Medical/Physical Form
☐ Immunization Record
☐ Ren Web
☐ Tribal Registration

SAN XAVIER MISSION CATHOLIC SCHOOL STUDENT REGISTRATION FORM SCHOOL YEAR: 2021 - 2022
**SAN XAVIER MISSION CATHOLIC SCHOOL STUDENT REGISTRATION FORM**

**STUDENT 1 INFORMATION:**  
☐ New Student  ☐ Returning Student  
SCHOOL YEAR: **2021 - 2022**

**GRADE ENTERING** (Please check one)  
☐ K  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7  ☐ 8

**TRANSPORTATION TO SCHOOL:**  
☐ Walker/Rider  ☐ 1st Bus  ☐ 2nd Bus  ☐ Other:

**FROM SCHOOL:**  
☐ Walker/Rider  ☐ 1st Bus  ☐ 2nd Bus  ☐ Other:

School Last Attended: ___________________________________________(Transcript or Report Card Required)

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### Section I

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<tr>
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<th>☐ Returning Student</th>
<th>SCHOOL YEAR: 2021 - 2022</th>
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<td>FROM SCHOOL:</td>
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<td>School Last Attended:</td>
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**Section I**

**STUDENT LEGAL NAME:**

**D.O.B.:**

**SOCIAL SECURITY #:**

**PLACE OF BIRTH:**

**HOME ADDRESS:**

**DISTRICT:**

**ETHNICITY:**

- ☐ Tohono O’Odham
- ☐ Pascua Yaqui
- ☐ Other:

**RELIGION:**

- ☐ Catholic
- ☐ Other:

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**Section II**

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**STUDENT 4 INFORMATION:**

- ☐ New Student
- ☐ Returning Student

**SCHOOL YEAR:** 2021 - 2022

**GRADE ENTERING** (Please check one)

- ☐ K
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8

**TRANSPORTATION TO SCHOOL:**

- ☐ Walker/Rider
- ☐ 1st Bus
- ☐ 2nd Bus
- ☐ Other:

**FROM SCHOOL:**

- ☐ Walker/Rider
- ☐ 1st Bus
- ☐ 2nd Bus
- ☐ Other:

**School Last Attended:** ________________________________ *(Transcript or Report Card Required)*
Addendum to

2021 / 2022 Tuition Policy

Effective April 19, 2021

Parents are expected to fulfill all financial obligations to the school within the academic year. As a non-profit institution, the school operations are predicated upon parents, or those deemed financially responsible, honoring their commitments. Failure to do so impacts not only their children, but all of the students attending our school.

Registration: Students will not be considered enrolled for the upcoming school year until the registration paperwork has been completed and returned with the first months’ payment. No returning student(s) to San Xavier Mission School will be re-registered if there is any type of remaining balance due on their child’s account. (Unless there is an established payment plan).

Tuition:

- Kindergarten through 8th grades - $11,300.00 dollars annually - $1130.00 per month

Tuition is divided on a 10-month basis from August 2021 through May 2022. If payments are not received by the 15th of the month, a late fee of $35.00 dollars will be immediately assessed.

Any account that is 31 days past due will cause the student to be held from attending class as well as all extracurricular activities such as class trips, sports, or club activities. The parents/guardians will be required to keep their child(ren) at home until all financial obligations are paid in full.

It is the family’s responsibility to notify the principal if special circumstances arise making it difficult to meet any tuition and fee obligations. Special arrangements may be required. Such alternative financial arrangements must be made in writing by the family and agreed to by the pastor and the principal prior to implementation.
All fees for 8th grade students must be paid by May 3, 2022. If payment is not made, or a special arrangement (in writing) is not in place, the student will be denied participation in all graduation activities and/or ceremonies.

**Family Service Hours:** Each family is required to perform a minimum of 30 Family Service Hours per school year. Parents are required to fill out a volunteer form and return it to the school office the first week of school. Families are required to complete 15 hours each semester. The first semester ends in December and the second semester ends in May. Any hours that are not completed will be charged to the final monthly statements in December and May at ten dollars ($10.00) per hour.

**Withdrawal, Transfer, or Expulsion:** In the event of withdrawal, transfer, or expulsion of your child from San Xavier Mission School, you are responsible for full payment of tuition and other fees. Full payment of tuition and other fees must be made through the end of the calendar month which is the last month your child is enrolled in the school. San Xavier Mission School reserves the right to withhold grades, report cards, and student records until all tuition and other fees have been paid in full. By signing this tuition payment contract, you are authorizing San Xavier Mission School to withhold grades, report cards, and other records until tuition and fees have been paid in full.

I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE STATED POLICIES.

(Parent/Guardian Signature)                     Date

Student(s) Name(s)
Addendum to 2021/2022 Tuition Commitment Agreement  
Effective April 19, 2021

Family Name: ___________________________ Date: __________________

Address: ______________________________ Tucson, AZ ________________

Total Number of Children Enrolled: ___________ (Please list student’s full names/grade)

<table>
<thead>
<tr>
<th>Number</th>
<th>Name</th>
<th>Grade</th>
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The per pupil cost to educate at SXMS: ___________________ $11,392.00
SXMS Tuition Amount: ___________________ $11,300.00

Student Tuition Assistance:
CTSO Scholarship: __________________________
ALF Scholarship: ____________________________
Brophy Scholarship: _________________________
AAA Scholarship: ____________________________
IBE Scholarship: ____________________________
Other Scholarship: __________________________

Total Scholarship Amount: __________________________

Total Parent Commitment Amount: _______________________

By signing this contract, the parent/guardian agrees to accept the scholarships above and or tuition discounts, as well as accepting the Parent Tuition Commitment for the 2021/2022 school year. The parent/guardian hereby acknowledges that they will abide by the rules and regulations set forth by the scholarship organizations (including attendance policies). Parent/guardian further acknowledges that SXMS requires thirty (30) hours of volunteer service hours to be completed fifteen (15) hours by December 18, 2021 and the second fifteen (15) hours to be completed prior to May 21, 2022. Each hour is the equivalent of $10.00 and must be completed or paid out by the dates listed above. Tuition payments are due the first (1st) of each month and are considered late after the fifteenth (15th) of the month. A late fee of $35.00 will be assessed after the fifteenth (15th) of the month.

_________________________________________  Date
Signature of Financially Responsible Parent/Guardian

_________________________________________  Date
Signature of School Representative
Parent/Guardians are a valuable resource to our school. Service hours are a vital part of school life. They help build community and parent involvement; two cornerstones of Catholic education. Your participation also demonstrates to your child how important his/her education is.

Each family at San Xavier Mission Catholic School is responsible for 30 hours of community building during the school year; 15 hours per semester. It is the parent/guardian’s responsibility to record and notify the school office when any or all **required** community building hours are completed.

**Community Building:**
- Is time a family member spends at school or school events that promote San Xavier Mission School.
- Time can be purchased at $10.00 an hour. If a family cannot physically come to the school or school functions.
- Can include the donation of items to support fundraising activities. A receipt must be attached to the volunteer page to be considered part of ‘community building time’.

Donations of items should not be the only way a family fulfills the community building time requirement.

The Community Building Notebook is available in the office for parents signing in/out during an event.

**Volunteer Opportunities:** (Please all select one or more)

☐ PAC Officers (President, Vice President, Secretary) will receive 30 hours.
☐ Walk Parade and Breakfast Burrito
☐ POW WOW
☐ Catholic School Week
☐ Landscape Maintenance
☐ *Santa in Blue
☐ * Bus Monitor
☐ * Sport Coach/Assistant Coach volleyball, basketball, track
☐ *Library Helper
☐ *Classroom Helper
☐ *Field Trip Monitor
☐ **Other opportunities will be announced as they become available

* Background clearance required

**Student Name (print):** _______________________________ **Grade:** _______________________________

**Parent/Guardian Name (print):** __________________________________________________________

**Parent/Guardian Signature:** _______________________________ (Parent/Guardian)

**Email address:** _______________________________ **Phone:** _______________________________
Media Release Form 2021 - 2022

Parent/Guardian Consent

I authorize the release of my child’s photo/image and name to be published in internal and external publications required in the normal course of business. Publications may include, but are not limited to: Yearbooks, local newspaper, billboard, social media, student publications, school related brochures, promotional videos, or videotaped ceremonies.

Student Name: ___________________________ Date: ___________________________

Student Name: ___________________________ Date: ___________________________

Student Name: ___________________________ Date: ___________________________

Student Name: ___________________________ Date: ___________________________

Name of Parent/Guardian (print): ________________________________________________

Relation to student: __________________________________________________________

Signature of Parent/Guardian: _________________________________________________
Date: ___________________________ Parent/Guardian
Over-the-Counter Medication Authorization Form

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Birth date:</th>
<th>Grade:</th>
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<tr>
<td>Medication allergies:</td>
<td>Medication allergies continued:</td>
<td>Child’s weight:</td>
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**NON-PRESCRIPTION MEDICATION**

Health Office keep the following medication in stock. All other non-prescription medication must be brought to Health Office by a parent/guardian in a manufacturer-labeled container. Students cannot carry their own medication. This medication authorization form is only valid for the **2021 - 2022** school year. Please authorize medication administration by checking appropriate boxes or filling in other medication.

- ☐ Children’s acetaminophen
- ☐ Adult acetaminophen
- ☐ Children’s Ibuprofen
- ☐ Adult Ibuprofen
- ☐ Chloraseptic spray/mouthwash
- ☐ Cough Drops
- ☐ Tums/Mylanta
- ☐ Antibiotic ointment
- ☐ Calamine lotion
- ☐ Children’s Benadryl
- ☐ Adult Benadryl
- ☐ Heating packs/pad
- ☐ Sterile normal saline eye drops/wash
- ☐ Bactine
- ☐ Vaseline

For above medications, the medication manufacturer’s recommendation will be followed for dosage and frequency based on student age, height, and weight, unless otherwise directed by student’s physician. If so, please have physician/prescriber fill out the following:

**Medication:** __________________________  **Dose:** __________________________  **Frequency:** __________________________

**Reason:** ________________________________________________________________

**Physician/Prescriber signature:** __________________________________________  **Date:** __________________________

**Parent/Guardian Signature:** ____________________________________________  **Date:** __________________________
San Xavier Mission Catholic School
School Health Services

Emergency Medication Consent Form
(Albuterol Administration)
Parent’s Consent Form for Giving Albuterol in an Emergency

Name of Child: _________________________________________________________________

Parent/Guardian’s Name: ______________________________ Relationship: _______________________

Best Contact Number: __________________________

This consent is for the administration of albuterol in the case of an asthma exacerbation or (respiratory distress) for symptomatic children who do not have a prescription for albuterol.

Possible Symptoms:
Albuterol may be given for asthma exacerbation which includes one or more of the following:

- Coughing, wheezing, noisy breathing, or decreased breath sounds, or whistling in the chest
- Difficult breathing, tightness in chest, shortness of breath, or chest pain
- Complaints of discomfort when breathing
- Shallow breathing, breathing hard and fast
- Nasal flaring (front part of nose opens wide to get in more air)
- Can only speak in short sentences or not able to speak
- Blueness around the lips or fingernails
- Chest retractions, use of accessory muscles
- Fast pulse

It will be given as set out in the attached School Health Services Policy Procedure for Giving Albuterol in an Emergency

There are complications involved with this treatment including nervousness, shaking (tremors), headache, dizziness, mouth/throat dryness or irritation, sore throat, cough, nausea, vomiting, sleep problems (insomnia), hoarseness, runny or stuffy nose, muscle pain, or diarrhea.

☐ I give my consent to administer Albuterol
☐ I do not give my consent to administer Albuterol
☐ My child already has a consent form on file and Albuterol at school.

Parent/Guardian Signature: ___________________________ Date: ___________________________

Teacher: ___________________________ Grade: _________________________
San Xavier Mission Catholic School
School Health Services
Emergency Medication Consent Form
(Epinephrine Administration)

Parent’s Consent Form for giving Epinephrine in an Emergency

Name of Child: ____________________________________________________________

Parent/Guardian’s Name: __________________________ Relationship: ________________

Best Contact Number: ______________________________

This consent is for the administration of Epinephrine for symptomatic children who do not have prescribed Epinephrine.

Anaphylaxis: A life-threatening allergic reaction. In the most extreme case, the airway is blocked because of swelling round the voice box and because of a spasm of the windpipe and air passages of the lung. There may also be rapid and dramatic drops in blood pressure (circulatory collapse) leading to the loss of consciousness and or shock. The faster the beginning of symptoms, the more severe the reaction. Symptoms of anaphylaxis vary, but those involving the skin (hives, itching, skin redness) are most common. A majority of cases also involve swelling of the lips and tongue as well as of the airways (tightness in the throat, shortness of breath). Anaphylaxis may also, involve the gastrointestinal system (nausea, stomach pain, vomiting, diarrhea, coughing), the cardiovascular system (fast heartbeat, chest pain, low blood pressure) or the central nervous system (headache, confusion). This reaction can be potentially triggered by:

- Insect venom: honeybee, wasp, hornet, yellow jacket; ants, deer flies, black flies, kissing bugs, etc.
- Drugs: penicillin and other antibiotics; local anesthetics like lidocaine, Novocain; pain medications such as aspirin; hormones such as insulin.
- Foods: egg whites, milk, shellfish and other seafood, nuts, and peanuts.
- Inhalants: pollens and strong odors, glue, typewriter whiteout, gasoline, etc.
- ☐ I give my consent to administer Epinephrine
- ☐ I do not give my consent to administer Epinephrine
- ☐ My child already has a consent form on file and Epinephrine at school.

Parent/Guardian Signature: __________________________ Date: ________________________

Teacher: __________________________ Grade: __________________________
San Xavier Mission Catholic School
Servicios de Salud Escolares

Formulario de consentimiento para medicamento en caso de emergencia
(administración de albuterol)

Formulario de consentimiento de los padres para la administración de Albuterol en caso de emergencia

Nombre del estudiante: _______________________________________________________

Nombre del Padre/Madre o tutor: ____________________________ Relación: _______________

Número de teléfono: _________________________________________________________

Este consentimiento sirve para autorizar la administración del albuterol, en caso de una exacerbación asmática (o dificultad respiratoria), para niños sintomáticos que no tiene una receta médica para el albuterol.

Posibles síntomas:
El albuterol se puede administrar en caso de exacerbación asmática cuando se presenta uno o más de los siguientes síntomas:

➢ Tos, sibilancias, respiración ruidosa o disminución de los ruidos respiratorios, o silbido en el pecho
➢ Dificultad para respirar, opresión en el pecho, falta de aliento o dolor en el pecho
➢ Molestias al respirar
➢ Respiración superficial, respiración fuerte y rápida
➢ Aleteo nasal (las fosas nasales se abren más para aspirar más aire)
➢ Solo puede hablar en frases cortas o no se capaz de hablar
➢ Color azulado alrededor de los labios o las unas
➢ Rotaciones del tórax, uso de músculos accesorios
➢ Pulso rápido

El Albuterol deberá administrarse según lo establece el “Procedimiento para la administración de albuterol en caso de emergencia” que se encuentra anexo.

Entre las posibles complicaciones que se presentan como resultado de este tratamiento, se incluyen: nerviosismo, agitación (temblores), dolor de cabeza, mareos, sequedad o irritación de boca/garanta, tos, náuseas, vómitos, problemas para dormir (insomnio), ronquera, secreción o congestión nasal, dolor muscular, o diarrea.

☐ Doy mi consentimiento para que se le administre el albuterol
☐ No doy mi consentimiento para que se le administre el albuterol
☐ Mi hijo ya tiene un formulario de consentimiento en el expediente y Albuterol en la escuela

Padre/Madre/Tutor: ____________________________________________ Date: ____________

Profesor/a: ____________________________________________ Grado: ________________
Nombre del estudiante: ________________________________________________________________

Nombre del Padre/Madre o tutor: ________________________ Relación: _______________________________

Número de teléfono: ________________________________________________________________

Este consentimiento es para administrar epinefrina a niños sintomáticos a quienes no se les ha recetado epinefrina

Anafilaxis: Reacción alérgica potencialmente mortal. En el caso más extremo, las vías respiratorias se bloquean debido a que la laringe se inflama y se produce un espasmo en la tráquea y en las vías respiratorias del pulmón. Es posible que también ocurra una caída rápida y dramática en la presión sanguínea (colapso circulatorio) que conduzca a la pérdida del conocimiento y / o sufrir un shock. Cuanto más rápido se desencadenen los síntomas, más grave será la reacción. Los síntomas de la anafilaxia varían, pero los más comunes son aquellos que afectan la piel (la urticaria, la comezón, el enrojecimiento de la piel). En la mayoría de los casos también se observa una inflamación de los labios y la lengua, así como de las vías respiratorias (opresión en la garganta, dificultad para respirar). La anafilaxia también puede afectar al sistema gastrointestinal (náuseas, dolor de estómago, vómitos, diarrea, tos); al sistema cardiovascular (aceleración del ritmo cardíaco, dolor torácico, presión arterial baja); o al sistema nervioso central (cefalea, confusión). Es posible que esta reacción sea causada por:

- El veneno de un insecto: abeja, avispa, avispon, avispa amarilla; hormigas, mosca de venado, mosca negra, etc.
- Medicamentos: penicilina y otros antibióticos; anestésicos locales como la lidocaína, la novocaína; analgésicos como la aspirina; hormonas como la insulina.
- Alimentos: clara de huevo, leche, pescado, y otros mariscos, nueces y cacahuetes.
- Inhalantes: polen y olores fuertes, pegamento, corrector blanco de máquina de escribir, gasolina, etc.

☐ Doy mi consentimiento para que se le administre la Epinefrina
☐ No doy mi consentimiento para que se le administre la Epinefrina
☐ Mi hijo ya tiene un formulario de consentimiento en el expediente para que se le administre la Epinefrina y Epinefrina en la escuela

Padre/Madre/Tutor: __________________________________________________________ Date: ________________

Profesor/a: __________________________________________________________ Grado: ________________

San Xavier Mission Catholic School
Servicios de Salud Escolares
Formulario de consentimiento para medicamento en caso de emergencia
(administración de la Epinefrina)
Formulario de consentimiento de los padres para la administración de epinefrina en caso de una emergencia
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.

Student Name ___________________________ District School ID _________________________

Date of Birth ___________________________ SSID _____________________________

Parent/Guardian Signature ___________________________ Date _________________

District of Character _____________________________

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)
Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar
(Efectivo el 4 de abril de 2020)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. ¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?
   Click or tap here to enter text.

2. ¿Cuál idioma habla el estudiante con mayor frecuencia?   Click or tap here to enter text.

3. ¿Cuál fue el primer idioma que aprendió el estudiante?   Click or tap here to enter text.

Nombre del estudiante: Click or tap here to enter text.   Distrito Núm. de identificación: Click or tap here to enter text.

Fecha de Nacimiento: Click or tap here to enter text.   SSID: Click or tap here to enter text.

Firma del padre o tutor: Click or tap here to enter text.   Fecha: Click or tap here to enter text.

Distrito o Chárter: Click or tap here to enter text.

Escuela: Click or tap here to enter text.

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.
In AzEDS, please indicate the student’s home or primary language. (Revised 01-2019)
Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Date Enrolled</th>
<th>Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address (#, Street, City, State, Zip Code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td>Date of Birth</td>
<td>Sex: ☐ male ☐ female</td>
</tr>
<tr>
<td>Parent or Guardian Name</td>
<td>Home Address (#, Street, City, State, Zip Code)</td>
<td></td>
</tr>
<tr>
<td>Cell Phone (optional)</td>
<td>Contact Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Parent or Guardian Name</td>
<td>Home Address (#, Street, City, State, Zip Code)</td>
<td></td>
</tr>
<tr>
<td>Cell Phone (optional)</td>
<td>Contact Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Contact Telephone Number</td>
</tr>
<tr>
<td>Name</td>
<td>Contact Telephone Number</td>
</tr>
<tr>
<td>Name</td>
<td>Contact Telephone Number</td>
</tr>
</tbody>
</table>

If Medical care is necessary, call:

<table>
<thead>
<tr>
<th>Health Care Provider*</th>
<th>Name</th>
<th>Contact Telephone Number</th>
</tr>
</thead>
</table>

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional): _____________
**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to: [www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Copy of current official documented immunization record attached</td>
</tr>
<tr>
<td></td>
<td>Religious Beliefs exemption form signed by parent/guardian attached</td>
</tr>
<tr>
<td></td>
<td>Medical Exemption form signed by physician and parent/guardian attached</td>
</tr>
<tr>
<td></td>
<td>Signed Laboratory Proof of Immunity form attached</td>
</tr>
</tbody>
</table>

Notification of immunizations needed sent to Parent(s) or Guardian(s):

<table>
<thead>
<tr>
<th></th>
<th>mo</th>
<th>day</th>
<th>yr</th>
</tr>
</thead>
</table>

Updated immunizations received and attached:

<table>
<thead>
<tr>
<th></th>
<th>mo</th>
<th>day</th>
<th>yr</th>
</tr>
</thead>
</table>

**Medical Information**

Is child allergic to food or other substances?

If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:

|   | No | Yes |

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

If yes, list precautions:

|   | No | Yes |

Is child subject to convulsions and what should be our procedure if one occurs?

If yes, specify procedure:

|   | No | Yes |

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)?

If yes, list precautions:

|   | No | Yes |

Additional comments:

Other special instructions:

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:    SIGNED Name:    DATE: