



# Mountain Oak School

• 1455 Willow Creek Rd., Prescott, AZ 86301 • 928.541.7700 • <https://mountainoakschool.org/> •

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Mountain Oak School nurtures children's highest potential of thought, feeling, and determination by cultivating a sense of truth and wonder, the powers of imagination and practical knowledge, and a feeling of responsibility for themselves and the world around them.

## Enrollment 2025-2026

Our school offers a caring, personal atmosphere and an exciting educational program where academic and artistic abilities are fostered side by side. Attention is focused on all areas of a child's development- emotional, social, physical and academic.

Mountain Oak School is a public charter school. It is tuition free and open to all age appropriate children. Enrollment forms are enclosed to assist you in enrolling your child for the 2025-2026 school year.

If you have any questions or need assistance in completing your packet, please contact the Office at (928)541-7700 or stop in at the front desk.

### Instructions for Enrolling:

**Open Enrollment begins for Kindergarten Feb. 1st and for grades 1-8<sup>th</sup>**

**The following will need to be provided PRIOR to enrollment being processed:**

- Current proof of complete immunizations, immunization schedule, or waiver completed (waiver included in packet)
- Custody papers, if applicable
- **One of the four options:** Original birth certificate/social security card/ baptismal certificate/ letter from the authorized representative of an agency having custody of the pupil pursuant to tile 8, chapter 2 certifying that the pupil has been placed in the custody of agency/caregiver as prescribed by law
- This packet completely filled out and signed
- Enrollment packets will be accepted:
  - a. In person in the Mountain Oak Office
  - b. By mail: Mountain Oak School, 1455 Willow Creek Rd, Prescott, AZ 86301
  - c. Scanned and e-mailed to: [attendance@mountainoakschool.org](mailto:attendance@mountainoakschool.org)

Arizona Revised Statutes (ARS) 15-872 (B) states that "a pupil shall not be allowed to attend school without submitting documentary proof to the school administration unless the pupil is exempted from immunizations pursuant to section 15-873" with exemption on file.



# Mountain Oak School Enrollment Form 2025-2026

1455 Willow Creek Rd ~ Prescott AZ 86301 ~ 928-541-7700

Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ GRADE \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Last school attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Ph # \_\_\_\_\_

STUDENT BIRTH DATE  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Is either parent or guardian a member of the armed forces  
 YES  
 NO

RESIDENTIAL STATUS  
 Father  
 Mother  
 Stepfather  
 Stepmother  
 Guardian  
 Foster Care  
 Permanent Housing  
 Migrant  
 Homeless/Sheiter  
 A CAREGIVER AFFIDAVIT FORM MUST BE PROVIDED FOR STUDENTS LIVING WITH A LEGAL-GUARDIAN OTHER THAN PARENT.

CUSTODY OF STUDENT  
 Joint  
 Sole  
 Guardianship  
 IF THERE IS A LEGAL CUSTODY AGREEMENT PLEASE PROVIDE COPY TO THE OFFICE

STUDENT RACE  
 White (Caucasian)  
 Black (African-American)  
 Hispanic  
 Asia/Pacific Islander  
 American Indian/Alaskan Native  
 (OPTIONAL)

STUDENT ETHNICITY  
 Hispanic  
 Non-Hispanic  
 (OPTIONAL)

HOME LANGUAGE SURVEY A.R.S. 15-756 (A)  
 What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_  
 What is the language most often spoken by the student? \_\_\_\_\_  
 What is the language that the student first acquired? \_\_\_\_\_

PARENTS/GUARDIANS LIVING WITH STUDENT  
 ~ NAME \_\_\_\_\_  
 RELATION TO STUDENT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 EMAIL ADDRESS (print clearly) \_\_\_\_\_  
 ~ NAME \_\_\_\_\_  
 RELATION TO STUDENT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 EMAIL ADDRESS (print clearly) \_\_\_\_\_

PARENTS/GUARDIANS AT DIFFERENT ADDRESS  
 ~ NAME \_\_\_\_\_  
 RELATION TO STUDENT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 EMAIL ADDRESS (print clearly) \_\_\_\_\_  
 Should this person receive school information? Y N  
 ~ NAME \_\_\_\_\_  
 RELATION TO STUDENT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 EMAIL ADDRESS (print clearly) \_\_\_\_\_  
 Should this person receive school information? Y N

OTHER CHILDREN IN THE FAMILY — ADD MORE ,IF NECESSARY, ON BACK OF THIS PAGE

NAME	AGE	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

OFFICE USE:  
 Grade level \_\_\_\_\_  
 Teacher \_\_\_\_\_  
 SAIS # \_\_\_\_\_  
 Enroll Date \_\_\_\_\_  
 E code \_\_\_\_\_  
 Withdraw date from previous school \_\_\_\_\_  
 Identity/ Age verified with \_\_\_\_\_  
 Initials \_\_\_\_\_  
 Enroll only if ALL are checked ...  
 Age/ Identity Verification  
 Immunizations/exemption  
 Custody Papers or n/a  
 Proof AZ residence  
 ESEA form with signature  
 NOTES \_\_\_\_\_  
 Date Entered in SM \_\_\_\_\_  
 Initials \_\_\_\_\_

HOW DID YOU HEAR ABOUT MOUNTAIN OAK SCHOOL?  
 Word of mouth/relative  
 School website  
 Phone book  
 Internet search  
 Sibling enrolled  
 Other \_\_\_\_\_

HAS STUDENT BEEN ENROLLED IN ANY OF THESE PROGRAMS?  
 Special Education (IEP)  
 SPEECH / LANGUAGE  
 S04  
 Other \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE — I hereby acknowledge that the above is complete and all paperwork turned in:

\_\_\_\_\_ Date \_\_\_\_\_



# Mountain Oak School

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## EMERGENCY FORM 2025 - 2026

Student Last Name, First Name, MI \_\_\_\_\_

Student Birth date \_\_\_\_\_

2025 -2026

Contact Priority (check one)     1     2

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

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Contact Priority (check one)     1     2

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

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

**In case of emergency, carpooling or if I cannot be contacted to pick up my child, I hereby authorize the release of my child to the following person(s) without any other advanced permission by me:**

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

**The following persons may not remove my child from school: Custody Papers on File? Yes or No**

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

1) Please list all allergies to foods, medicines, insects or substances. Include anything to be avoided, reaction & procedure to follow:

2) Is there any physical or medical condition that we should be aware of? What precautions should be taken?

3) Is there any medication currently being taken? List medications:

4) Other special instructions:

5) Doctor's Name/Phone:

**Please check if you give permission for the school to give the following to your child if needed:**

- Ibuprophen (Advil)     Tylenol     Itch cream (Caladryl)     Antacid (Tums)     Homeopathics     Cough Drops     Neosporin
- Do not administer anything (other than what is checked) without calling me first

**Be it known that I, the undersigned parent/guardian of the named student, do hereby give and grant any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as in the judgment of said doctor or hospital may be required, on an *emergency basis*. It is further understood that any expense will be the responsibility of the parent/guardian of the student and in no event will payment of the expense be school responsibility.**

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



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## PERMISSIONS FORM 2025-2026

I, \_\_\_\_\_, authorize for my child, \_\_\_\_\_ the following:  
*Parent/Guardian's Name* *Student's Name*

I authorize the release of:

Yes  No CLASS DIRECTORY: My family's name, phone number and email for the class directory which is distributed to the families in your class and the Parent Association Chair at Mountain Oak School.

Media Permission Authorization:

Yes  No MEDIA PERMISSION: I allow the use of my child's name and or photo to be distributed and or released on the MOS Website, MOS Facebook, MOS Newsletter, MOS brochures, newspaper, TV and or other public media.

Walking Field Trip Permission:

Yes  No I hereby give my permission for my child to participate in walking field trips throughout the school year. I extend the Emergency Medical consent Form to cover my child on these walking field trips off the campus. Walking Field trips will take place within a one mile radius of the school and children will be supervised by teaching staff at all times. Motor vehicle trips will require your written permission for each individual trip.

Bike/Walk Permission:

Yes  No I hereby give permission for my child to ride a bicycle or walk to and from school each day this school year unless otherwise instructed by me in writing. I understand that this permission form will be in effect for the entire school year and that it will be my responsibility to notify the school in writing if there are any changes.

By signing, I authorize that all the information on this page is correct:

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*



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## STUDENT RESIDENCY QUESTIONNAIRE 2025-2026

THIS MUST BE COMPLETED by all parents and or unaccompanied youth. The information provided on this form can assist your campus in identifying the students who are living in transitional housing or are highly mobile as defined by the McKinney-Vento Act. The answers to this residency information can help determine the services your child may be eligible to receive as defined at the bottom of this questionnaire.

• SECTION A:

Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Name of Student: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

• SECTION B:

1. Is your current address a temporary living arrangement?  YES  NO

2. Is this temporary living arrangement due to loss of housing or economic hardship?  YES  NO

**IF YOU ANSWERED "NO" TO QUESTIONS 1 & 2, SKIP TO SECTION C**

3. Is there a legal guardian or parent in the household for this child?  YES  NO

4. Where is the student presently living? (Check one)

- In a motel
- In a transitional housing or shelter
- Moving from place to place
- With more than one family in a dwelling
- In a place not designed for ordinary sleeping accommodations such as a car, park or campsite.

Current Address of Student: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

• SECTION C:

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

At this time is your family in need of assistance in any of the following areas?

- School Records
- Immunization or health records
- School supplies or clothing
- After-school programs
- Preschool/Headstart programs

If you have questions about enrolling in school or need assistance with enrolling in school, contact:

Homeless Liaison School Director of Mountain Oak School at 928-541-7700

\_\_\_ Copy to Director \_\_\_ Original in Student File

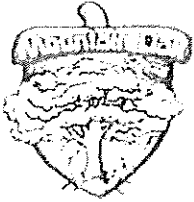
# **(Please Keep for Future Reference)**

## **Mountain Oak Student Residency**

### **Information for Parents and School Aged Children**

The Federal McKinney-Vento Act and Arizona state law guarantee that you can enroll in school if you live

- In a shelter (family shelter, domestic violence shelter, youth shelter or transitional living program);
  - In a motel, hotel, or weekly-rate housing;
  - In a housing or apartment with more than one family because of economic hardship or loss
  - In substandard housing (no electricity, no water, and/or no heat); or
  - With friends of family because you are a runaway or unaccompanied youth.
- ❖ If you live in one of these situations, you do NOT need to provide
- Proof of residency,
  - Immunization records or a TB skin test result,
  - Birth certificate
  - School records, or
  - Legal guardianship papers to enroll in or attend school.
- ❖ You may also:
- Continue to attend the school in which you were last enrolled, even if you have moved away from that school's attendance zone or district;
  - Receive transportation from your current residence back to your school of origin;
  - Qualify automatically for Child Nutrition Programs (Free and Reduced-Price breakfast, lunch and other district food program);
  - Contact the district liaison to resolve any disputes that arise during the enrollment process.
- ❖ If you have questions about enrolling in school or need assistance with enrolling in school, contact:
- ❖ Our School Director is Mountain Oak School's Homeless Liaison at 928-541-7700



# Mountain Oak School

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Sent  
2nd req  
3rd req  
NOTES:

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

Birth Date \_\_\_\_\_ Current Grade Level \_\_\_\_

Release records to:

Mountain Oak School  
1455 Willow Creek Rd  
Prescott AZ 86301  
ATTN: Attendance Secretary  
fax to 928-445-1301  
Or email to:  
attendance@mountainoakschool.org

According to the Final Regulations (Family Educational Rights and Privacy Act, Buckley Amendment, June 17, 1976) it is no longer necessary to obtain written consent to release records between schools. School officials, including teachers within the educational institutions and officials of other schools in school systems in which the student may intend to enroll, may receive a student record without written consent from the parents/guardians.

## School Last Attended

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

Dates Attended \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

This student has enrolled at Mountain Oak School.  
Please send student records. Thank you.



ARS 15-828.F Notwithstanding any financial debt owed by the student, any school requested to forward a copy of a transferring student's record to the new school shall comply and forward the record within 10 days after receipt of the request.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/25-26

School Official \_\_\_\_\_ Title: ATTENDANCE SECRETARY



# Mountain Oak School

1455 Willow Creek Rd– Prescott, AZ 86301-928-541-7700

## PARENT/GUARDIAN VOLUNTEER FORM 2025-2026

*“In every community there is work to be done. In every nation there are wounds to heal. In every heart there is power to do it”*

*-Marianne Williams*

Today’s Date \_\_\_\_\_

### EVENTS

- Event Planning
- Event Set-up
- Event Clean-up
- Event Staffing
- Cooking/Baking/Food Prep

### OFFICE/CLERICAL

- Library Work

### FACILITIES

- Grounds/landscaping/gardening
- Facilities Repair/ Handyman
- Janitorial

### CLASSROOM

- Festival Parent
- School Lunch Coordinator
- Field Trips/ Transportation
- Playground Duty
- Class Parent
- Festival Parent

### MARKETING/GOVERNANCE

- Web-Internet
- Parent Association
- Board Member

Name \_\_\_\_\_

Phone \_\_\_\_\_

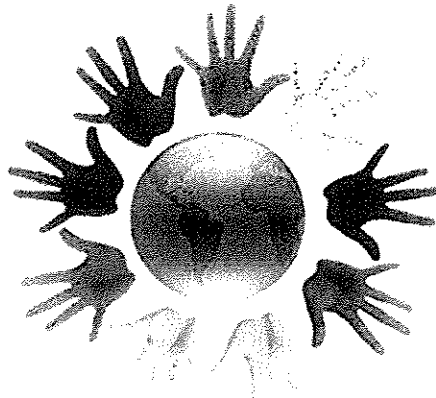
Email \_\_\_\_\_

Comments \_\_\_\_\_

Please indicate by checking the box in what capacity you could support volunteer needs.

Use the comments section above to state other volunteer areas you are interested in.

When opportunities arise, we will call to determine your availability at that time.





# Mountain Oak School

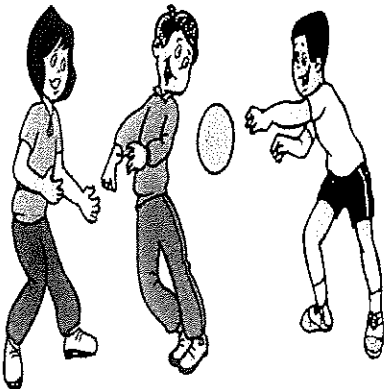
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## OUTDOOR MOVEMENT CURRICULUM



*An important aspect of our curriculum is the development of movement. This may be a reason you chose this school for your child.*

*Movement is essential for body and brain development. Our students go outside every day for part of main lesson, for recess and for movement education.*



### What is required for going outside ...

- ◆ **Running shoes** — We recommend providing an extra pair of shoes for movement class. Not acceptable are crocs or any kind of slip-ons.
- ◆ **Water bottle** — Essential to keeping students hydrated and in one location
- ◆ **Sun hat** — To prevent sunburn
- ◆ **Appropriate clothing** for full range of movement and weather conditions — If a girl is wearing a skirt there should be leggings underneath. If it is cold, please provide a jacket. If it is snowing, please provide waterproof boots, gloves and hat.

Students go outside in any weather except in severe rain. When they don't have coats, water bottles or appropriate footwear, valuable time is taken up resolving these issues.

### Here are some examples that underscore the need for your cooperation:

- ◆ Susie is playing tag with cowboy boots on or dress shoes that fall off. She twists her ankle or is impeded by bulky footwear.
- ◆ David is excited about playing in the snow but has no waterproof shoes so he has to stay inside. (There is not enough staff to adequately supervise indoor and outdoor recess simultaneously.)
- ◆ Stella is wearing a pretty dress so she refuses to sit on the ground or garden, or dig holes because she wants to keep her clothes tidy.
- ◆ Michael has a sunburn at the end of class.
- ◆ Abby is thirsty after running and doesn't have a water bottle. She is not allowed to go inside to the water fountain unattended.



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 \_\_\_\_\_

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.



**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.

\_\_\_\_\_  
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.



**\*\* Use this form only if you live in someone else's residence. Have them complete and notarize below.**

## 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

State of Arizona  
County of \_\_\_\_\_

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

By \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public



**Personal Beliefs Exemption Form**  
***Kindergarten – 12th Grade Only***

Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents to decide whether or not to vaccinate their child.

By state law, (A.R.S. §15-873) a child will not be allowed to attend school until either proof of immunization or a completed exemption form is submitted to the school. The information below is provided to ensure that parents are informed about the risks of not vaccinating.

**Place an "X" in the box to the left of the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.**

<input type="checkbox"/>	<b>Diphtheria (DTaP, Tdap, Td):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	<b>Tetanus (DTaP, Tdap, Td):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	<b>Pertussis (Whooping Cough) (DTaP, Tdap):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease	Initials: _____ Date: _____
<input type="checkbox"/>	<b>Polio (IPV):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials: _____ Date: _____
<input type="checkbox"/>	<b>Measles, Mumps, Rubella (MMR):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and brain damage.	Initials: _____ Date: _____
<input type="checkbox"/>	<b>Hepatitis B:</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.	Initials: _____ Date: _____



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

<input type="checkbox"/>	<p><b>Varicella (Chickenpox):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.</p>	<p>Initials: _____ Date: _____</p>
<input type="checkbox"/>	<p><b>Meningococcal:</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing meningococcal disease. Serious symptoms and effects of this disease include: brain damage, sepsis (systemic infection), permanent scarring or loss of limbs, and death.</p>	<p>Initials: _____ Date: _____</p>
<p><b>Due to my personal beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child.</b></p> <p>Initials: _____</p> <p><input type="checkbox"/> I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no-cost vaccination services is available from my local county health department and Arizona Department of Health Services (<a href="http://www.azdhs.gov/phs/immunization">www.azdhs.gov/phs/immunization</a>).</p> <p><input type="checkbox"/> I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend school until the risk period ends, which may be 3 weeks or longer.</p> <p>Child's Name _____ Date of Birth (month/day/year) _____</p> <p>Parent/Guardian Signature _____ Date (month/day/year) _____</p>		