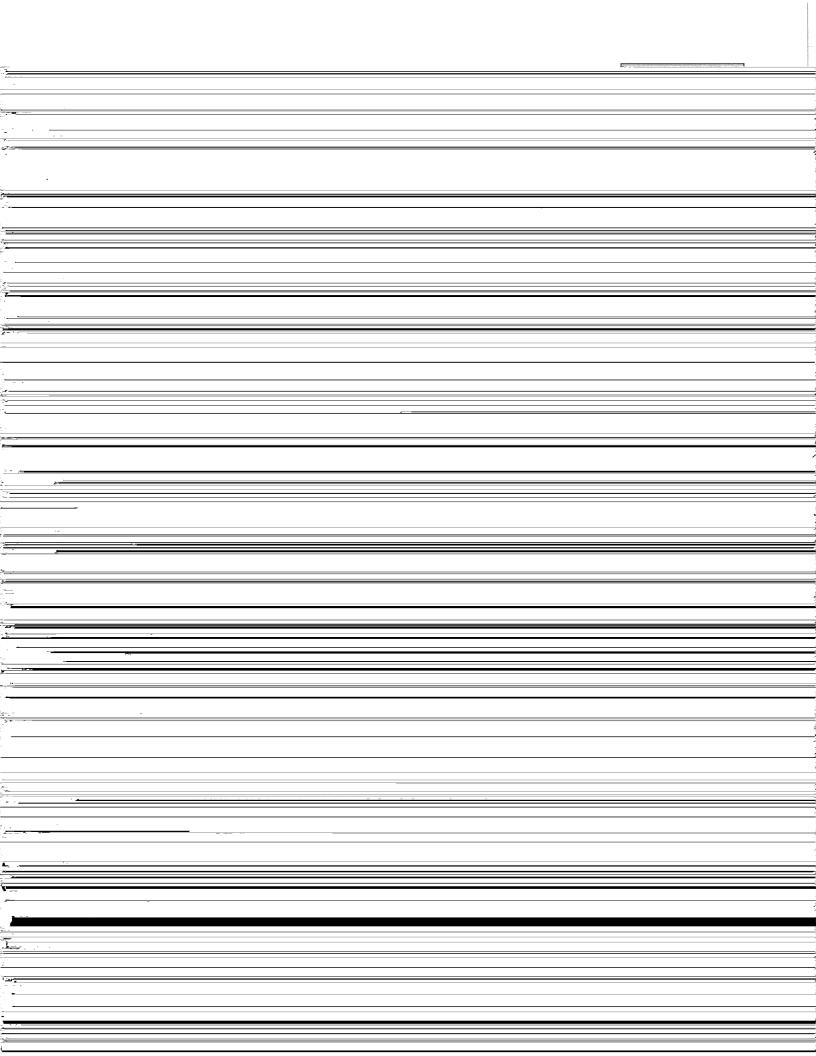
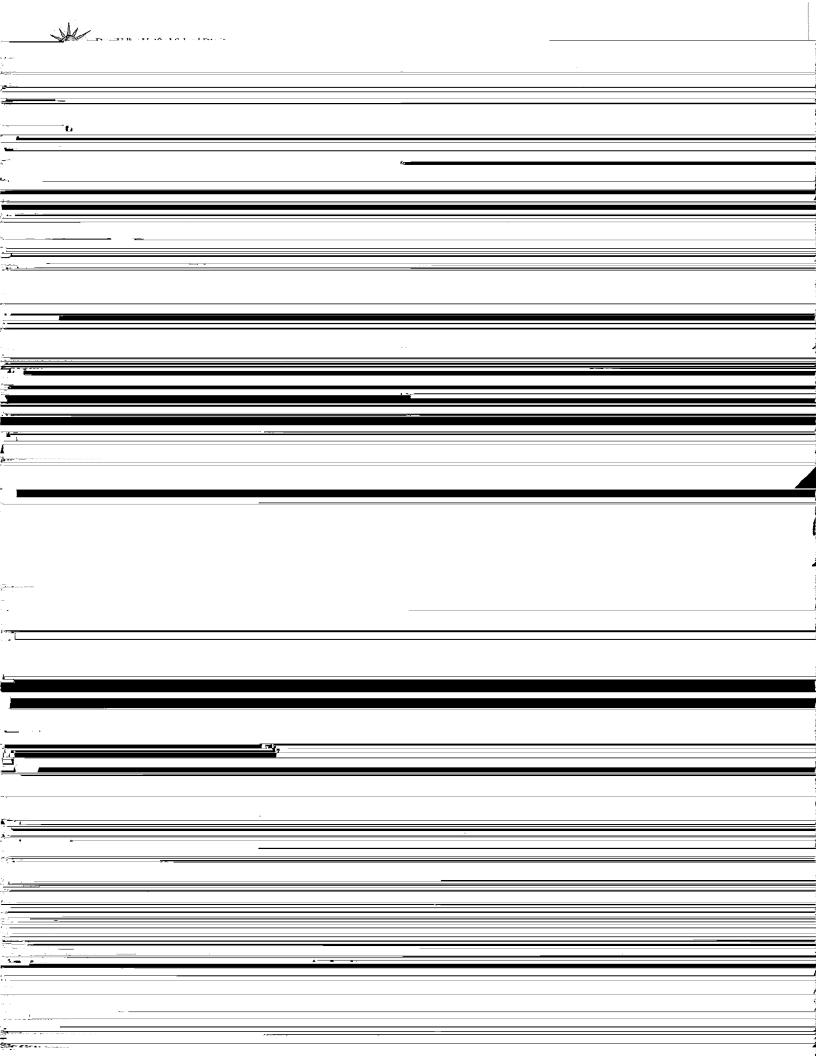
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	For students who are currently attending a DVUSD school for the current school year	
	For students who are currently attending a DVUSD school for the current school year DEER VALLEY HIGH SCHOOL	
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Arizona Department of Education

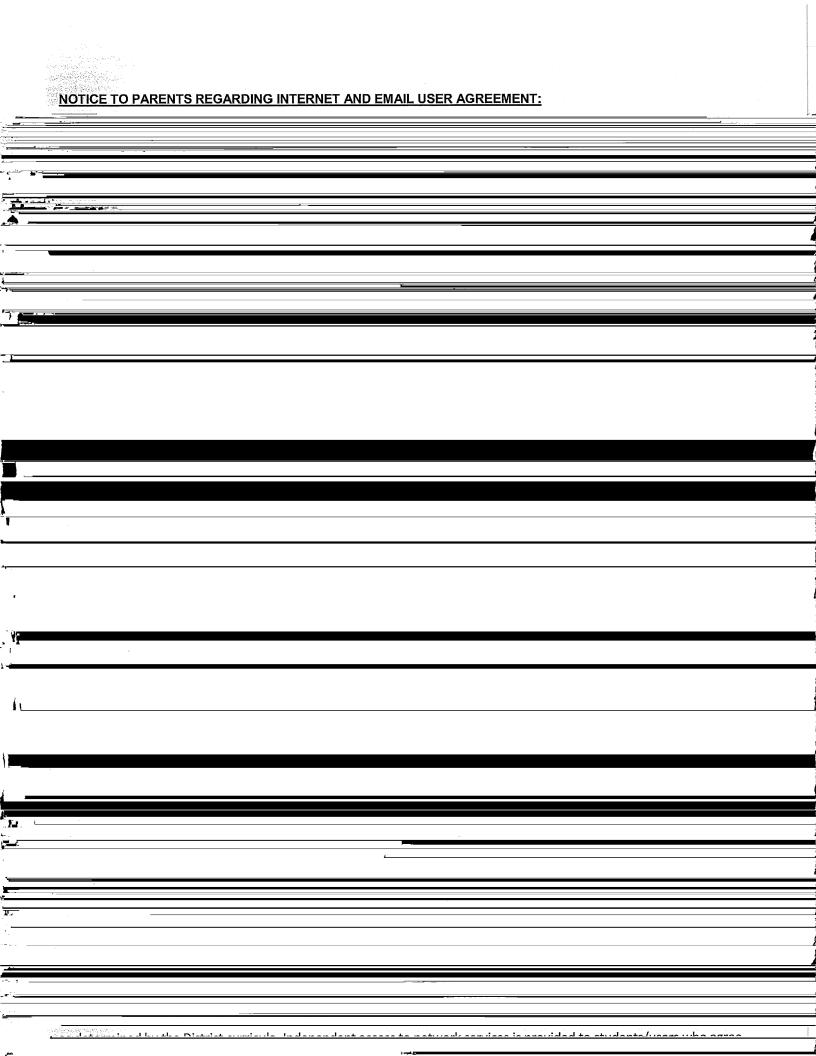
	Arizona Dasidanav I	Incumantation Form	
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	Student	School	10 mg
	Student	Sellooi	
	School District or Charter Holder		
	School District of Charter Holder	· · ·	
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	As the Parent/Legal Guardian of the Student, I atte	est that I am a resident of the State of Arizona and	
	submit in support of this attestation a copy of th	e following document that displays my name and	
	residential address or nevsical description of the pro-	nerty where the student resides:	
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	Student Healt	h Information and Medical	History	
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Has your child	I had chicken pox? Yes	at what age?	No	
Has your child	I had chicken pox? Yes	at what age?	No	
Has your child	I had chicken pox? Yes	at what age?	No	



Directory, Internet, and E-Mail User Agreement Grade Level 9-12 STUDENT'S NAME (PLEASE PRINT)	
STUDENT I.D.# SCHOOL:	
STUDENT I.D.# SCHOOL: PARENT'S/GUARDIAN'S NAME: (PLEASE PRINT)	



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