



# Burke Basic School

131 E. Southern Avenue, Mesa AZ 85210

Telephone: (480) 964-4602

Fax: (480) 964-6566

The registration application and required documents must be completed and returned to the school within 10 days of enrollment acceptance. However, you have 30 days to submit proof of age and identity documents. Returning families have priority for class placement.

Grade Level Applying For:

### For Office Use Only

- Proof of Age & Identity for Student
- Immunization/Exemption
- Legal Documents
- Special Ed (IEP)

Start Date \_\_\_\_\_

Student AZ ID #: \_\_\_\_\_

NEW STUDENT INFORMATION – School Year 2022-2023				
Last Name:		First Name:		Middle Name:
Home Phone w/Area Code:	Date of Birth:	Place of Birth: City, State		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
PARENT/GUARDIAN INFORMATION				
NAME of Mother/Legal Guardian:(Contact Priority #1)			NAME of Father/Legal Guardian:(Contact Priority #2)	
<input type="checkbox"/> Mother <input type="checkbox"/> Step <input type="checkbox"/> Guardian <input type="checkbox"/> Foster			<input type="checkbox"/> Father <input type="checkbox"/> Step <input type="checkbox"/> Guardian <input type="checkbox"/> Foster	
<i>Please check one below</i> <input type="checkbox"/> Lives with (primary residence of student) <input type="checkbox"/> Has legal custody* Address :			<i>Please check one below</i> <input type="checkbox"/> Lives with (primary residence of student) <input type="checkbox"/> Has legal custody* Address:	
City/State/Zip:			City/State/Zip:	
Employer:			Employer:	
Primary Phone:			Primary Phone:	
Cell/Text Phone:			Cell/Text Phone:	
Work Phone:			Work Phone:	
Email:			Email:	
<b>* Official court documents must be submitted to the school in cases of divorce, separation, custody, or other legal issues.</b>				
IN CASE OF EMERGENCY CONTACT INFORMATION (minimum of 2 contacts required; cannot be parent or guardian)				
First Name:	Last Name:	Phone #:	Relationship:	Ok to Pick <input type="checkbox"/> Up:Yes <input type="checkbox"/>
First Name:	Last Name:	Phone #:	Relationship:	Ok to Pick <input type="checkbox"/> Up:Yes <input type="checkbox"/>
First Name:	Last Name:	Phone #:	Relationship:	Ok to Pick <input type="checkbox"/> Up:Yes <input type="checkbox"/>
If you are unable to reach me in an emergency, I give permission for my child to be transported to the nearest hospital by ambulance. I further realize that I am responsible financially for the payment of all ambulance and hospital charges. Students who become ill or have an emergency at school must be picked up within a half hour of parent/emergency contact being notified.				
STUDENT ETHNIC GROUP (Requested by the Arizona Department of				
<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native: <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <span style="float: right;">Tribe Name: _____</span>				
Has the student ever been expelled or in the process of being expelled from any school? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Are there any parental custody issues involving the student? No <input type="checkbox"/> Yes <input type="checkbox"/> Submit legal documents.				
I agree to abide by the policies of the school published in the Parent Handbook and other official materials and will support school policies and rules in guiding my student. I certify by my signature that all statements in this packet are true and complete to the best of my knowledge.				
Parent/Guardian Printed Name:		Signature:		Date:



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## SPECIAL EDUCATION PROGRAM INFORMATION (Must be completed)

Student Name (Last, First, Middle):

Date of Birth:

Does your child have a **CURRENT**, previous, in the process of, OR an outside evaluation for an Individualized Education Plan (I.E.P.)? All documents must be provided at the time of enrollment.

You **MUST** mark either "Yes" or "No."  Yes

No

child currently on a 504 Plan? Yes

No

If **YES** is the answer to either of the above questions, the current IEP or 504 Plan and any other related details must be provided at the time of enrollment.

The Individual Education Plan (IEP) or 504 Plan that is applicable to my child includes the following:  
(Please check all that apply)

- Autism (A)
- Emotional Disability (ED)
- Hearing Impairment (HI)
- Mild/Moderate/Severe Mental Retardation (MIMR – MOMR - SMR)
- Multiple Disabilities (MD) Please state: \_\_\_\_\_ Multiple Disabilities with Severe Senses
- Orthopedic Impairment (OI)
- Other Health Impairment (OHI) Please state: \_\_\_\_\_
- Developmental Disabilities (DD)
- Speech/Language Impairment (SLI)
- Specific Learning Disabled (SLD) Please check all that apply:  Reading  Written Language
- Math  Reading  Traumatic Brain Injury (TBI)  Visual Impairment (VI)

Please elaborate with any information that would be helpful for placement:

\*Your signature below is to verify accuracy of the information above, not to authorize testing or to place your

Parent/Guardian Signature:

Date:



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## STUDENT RECORDS TRANSMITTAL REQUEST

Student Name (Last, First, Middle):

Date of Birth:

### PREVIOUS SCHOOL

Previous School Attended:

Previous School FAX #:

Previous School District:

Last Grade Completed:

Previous School Address:

Last Day of Attendance:

City/State/Zip:

Happy Valley School Start Date:

I hereby authorize the above referenced school and district to release the following records to Burke Basic School. All psychological/confidential data will be maintained as such. It will not be transferred to any person or agency without parental permission or legal requirement.

- Regular Educational Cumulative Files
- Withdrawal Form
- Permanent Record Card
- Legal Documents
- Arizona Home Language Survey (PHLOTE)
- Social Services
- Special Education Records/504 Plans
- Psychological Records
- Health/Medical/Immunization Records
- Gifted Education Records
- Standardized Test Scores
- Discipline Records

Parent/Guardian Signature:

Date:

**Records for student are to be released to:**

**Burke Basic School**

131 E. Southern Ave.85210

Telephone: (480) 964-4602

Fax: (480) 964-6566

**Email: [lhernandez@burkebasicschool.com](mailto:lhernandez@burkebasicschool.com)**



# Burke Basic School

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## Confidential Health History School Year 2022-2023

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<b>Student Last Name:</b>	<b>First Name:</b>	<b>Middle:</b>	<b>Grade Entering:</b>
<b>Address:</b>	<b>City:</b>	<b>Zip:</b>	<b>Date of Birth:</b>

Please check all that apply, enter information regarding any health issues that needs to be discussed with the school nurse and your child's teacher, and indicate if your child is under a physician's care.

VISION/HEARING/SPEECH				
Wears Glasses:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Eye Exam:	Describe Any Speech Related Problems:	
Wears Contacts:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Eye Problem:		
For Distance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Loss:		<input type="checkbox"/> Yes <input type="checkbox"/> No
For Reading:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Aid:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Color Blind:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

ALLERGIES			
Environmental:	<input type="checkbox"/> Yes <input type="checkbox"/> No NoList:	Medication:	<input type="checkbox"/> Yes <input type="checkbox"/> No NoList:
Food:	<input type="checkbox"/> Yes <input type="checkbox"/> No List:	Insect Stings:	<input type="checkbox"/> Yes <input type="checkbox"/> No NoList:
		Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No NoList:
		EpiPen:	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT HEALTH HISTORY			
ADD:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emotional/Psychological Concerns:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADHD:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Anemia:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Head Injury/Concussion:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inhaler at School:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
SVN Treatment at School:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemophilia:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bronchitis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis or Liver Problem:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumonia:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other	Hernia:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory Problems:	Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:	High Blood Pressure:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood Disorder:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Juvenile Arthritis:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neurological Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe:	
Type:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neuromuscular Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chicken Pox:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Cystic Fibrosis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nosebleeds:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency:	
Glucose Monitoring:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scoliosis:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ear Infections:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizure Disorder:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ear Tubes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
Eczema:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sickle Cell Anemia:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psoriasis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Strep:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Skin Conditions:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Urinary/Bladder/Kidney Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Describe:	



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## Confidential Health History School Year 2022-2023

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<b>STUDENT HEALTH HISTORY (continued):</b>
Any Dietary Restrictions:
Please List Surgeries/Hospitalizations and Dates:
List All Medications Your Child Is Taking:
Will Medications Be Taken At School?      Yes <input type="checkbox"/> No <input type="checkbox"/>
Medication Is For?
OTHER HEALTH PROBLEMS:

- ✓ *All medications must be brought to school by an adult in the original prescription container with dosages and instructions, physician's name and telephone number, expiration date, etc.*
- ✓ *A parent-signed consent form for administration of medication at school must be on file with the nurse.*
- ✓ *Students may not have medications of any kind in their possession at school at any time.*

Are your child's immunizations up to date?     Yes     No

Immunizations must be current by August 31<sup>st</sup> or the first day of school attendance. Please see the list of required immunizations and schedule on the Maricopa County Department of Public Health website or call (602) 263-8856 for requirements and free clinic hours.

I certify that the information above and all health-related information is correct, current, and complete.

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

Date of Birth: \_\_\_\_\_

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

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



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## Release of Student Information

*If you have more than one student registered in Burke Basic School, you will need to complete this form for each student.*

### Information for School-Sponsored Purposes:

The school may want to use student information for the following school-sponsored purposes: yearbook, school newsletter, school webpage, artwork, special programs, marquee, social media (i.e., Facebook) and other announcements.

- Yes, I do give consent for Burke Basic School to use my son/daughter's name, image, or likeness for the above-mentioned items.
- No, I do not give consent for Burke Basic School to use my son/daughter's name, image, or likeness for the above-mentioned items.

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

Date of Birth: \_\_\_\_\_

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

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



## 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 \_\_\_\_\_

School \_\_\_\_\_

***For office use only:*** 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](http://www.azed.gov/oelas)



## Arizona Department of Education Arizona Residency Documentation Form

Student: \_\_\_\_\_ School: Burke Basic School

School District or Charter Holder: American Basic Schools

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 ONE of the following documents 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)
- Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- 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.





## 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 \_\_\_\_\_

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

My Commission Expires:

\_\_\_\_\_



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## MILITARY CONNECTED STUDENT

School Year – 2022-2023

Please fill out the following form, sign and return to the office for your K-6<sup>th</sup> Grade student.

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

Date of Birth: \_\_\_\_\_

Name of Mother/Legal Guardian: \_\_\_\_\_

Name of Father/Legal Guardian: \_\_\_\_\_

Student is a dependent of a member of the United States military service Air Force, Army, Marine Corps, Navy or Coast Guard on **Active Duty**.

Student is a dependent of a **fulltime** member of the National Guard, or Reserve force of the United States military (Air Force, Army, Marine Corps, Navy).

Student is a dependent of a member of the National Guard, or Reserve force of the United States military (Army, Air Force, Marine Corps, Navy or Coast Guard)

None of the above

Parent's/Legal Guardian's signature below affirms the information provided is accurate and complete.

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

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



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## McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

PART 1: \_\_\_\_\_

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

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

1. Is your current address a temporary living arrangement?

yes  no

2. Is this living arrangement due to economic hardship?

yes  no

**If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, please move to Part 3.**

PART 2: \_\_\_\_\_

Where is the student presently living?  In a motel  In a shelter  With more than one family in a house, mobile home, or apartment.  Other location not ordinarily for sleeping (park, car, etc.)

PART 3: \_\_\_\_\_

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

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

By signing, I attest this information is true and accurate

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

**For Office Use Only:**

**Instructions for school staff:**

- 1. If part two is checked, please give a copy of this form to the Homeless Liaison.
- 2. The original document must be in the student's cumulative folder filed by the Registrar.

**Homeless Liaison's determination of qualifications:**

- The student does not qualify as homeless under the McKinney Vento Act.
- The student qualifies as homeless under the McKinney Vento Act. I certify the above student qualifies for the Child nutrition Program under provisions of the McKinney Vento Act.



# Burke Basic School

## 2022-2023 Bus Enrollment

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Major Crossroads \_\_\_\_\_ / \_\_\_\_\_

Primary Phone: \_\_\_\_\_

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

**Does parent need to be present for drop off?**

YES

NO

***For office use only***

Bus Route # \_\_\_\_\_

Bus Stop

\_\_\_\_\_ / \_\_\_\_\_

# Proof of Age and Identity for Students

## Birth Certificate and Exception A.R.S. 15-828

**A.** On enrollment of a pupil for the first time in a particular school district or private school offering instruction to pupils in any kindergarten programs or grades one through twelve, that school or school district shall notify the person enrolling the pupil in writing that within thirty days the person must provide one of the following:

1. A certified copy of the pupil's birth certificate.
2. Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

**B.** If a child is instructed at home pursuant to section 15-802, the person who has custody of the child shall, within thirty days after the home instruction begins, provide to the county school superintendent of the county in which the child resides one of the following:

1. A certified copy of the child's birth certificate.
2. Other reliable proof of the child's identity and age, including the child's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

**C.** On presentation of a document pursuant to this section, a photocopy of the document shall be placed in the pupil's file and the document that is presented shall be returned.

## Birth Certificate and Exception A.R.S. 15-828, Continued

**D.** A pupil shall be enrolled in the school or school district, or the county school superintendent shall record the pupil's name, using the name that is printed on the birth certificate, other reliable proof of the pupil's identity, or letter from an agency having custody of the pupil provided pursuant to this section. This subsection does not prohibit a school or school district from calling a pupil by any name the pupil's parent or guardian wishes the pupil to be called.

**E.** On the failure of a person enrolling a pupil or instructing a child at home to comply with subsection A or B of this section, the school, school district or county school superintendent shall notify that person in writing that, unless the person complies within ten days, the case shall be referred to the local law enforcement agency for investigation. If compliance is not obtained within the ten-day period, the school, school district or county school superintendent shall refer the case to the local law enforcement agency.

**F.** The school, school district or county school superintendent shall immediately report to the local law enforcement agency any affidavit received pursuant to this section which appears inaccurate or suspicious in form or content.

**G.** Within five school days after enrolling a transfer pupil from a private school or another school district, a school shall request directly from the pupil's previous school a certified copy of the pupil's record. The requesting school shall exercise due diligence in obtaining the copy of the record requested. Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil's record to the new school shall comply and forward the record within ten school days after receipt of the request unless the record has been flagged pursuant to section 15-829. If the record has been flagged, the requested school shall not forward the copy and shall notify the local law enforcement agency of the request. School districts shall include in the educational records required by this subsection data collected pursuant to sections 15-741 and 15-766, as prescribed by the state board of education