

Registration Checklist

Required Documentation-Please Bring With You:

Certified Birth Certificate or Other proof of birth and affidavit explaining inability to provide

Your Child's Immunization Records

Parent/Guardian Picture ID

Proof of Residency-Provide ONE of the following:

- Valid Arizona's Driver's License
- Arizona identification card
- Valid Arizona motor vehicle registration
- Property deed
- Mortgage documents
- Property tax bill
- Rental agreement or lease
- Utility bill (water, electric, gas, cable or phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe
- Other documentation from a state, tribal, or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security)

Required Forms (Registration Packet)

Registration Form
Health Services Registration
Primary Home Language Other Than English (PHLOTE)
McKinney-Vento Homeless Education Form
Use of Technology Resources in Instruction
School Bus Route Information
Previous School Records Request (if transferring student)
Free/Reduced Lunch Application

Pearce Elementary School District

Where Excellence is the Expectation



Phone: 520-826-3328
Fax: 520-826-3531
Email: jalvarez@pearceschool.org

EARCE ELEMENTARY: REQUIRED REGISTRATION & EMERGENCY INFORMATION

STUDENT'S LAST NAME:	FIRST NAME:	MIDDLE NAME:	GRADE:	GENDER:	
ADDRESS:		CITY:	STATE:	ZIP CODE:	NICKNAME:
MAILING ADDRESS IF DIFFERENT FROM ABOVE:		CITY:	STATE:	ZIP CODE:	PHONE (REQUIRED) (FOR ATTENDANCE AND AUTOMATED MESSAGES): <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CHECK IF UNLISTED
BIRTH DATE:	BIRTHPLACE (CITY, STATE):	CUSTODY ISSUES: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES — PROVIDE COURT DOCUMENTS TO SCHOOL OFFICE.			
NOTE: THIS INFORMATION IS REQUIRED BY THE U.S. DEPARTMENT OF EDUCATION. ETHNICITY: (CHECK ONE) <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO RACE: (CHECK ONE OR MORE, REGARDLESS OF ETHNICITY) <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE			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? _____ PREFERRED LANGUAGE FOR MESSAGES/MAILINGS SENT TO HOME: _____		

PARENT LIVING AT STUDENT ADDRESS	CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:	NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
	ADDRESS: <input type="checkbox"/> SAME AS STUDENT		EMPLOYER:	PREFERRED EMAIL ADDRESS:			
	PARENT LIVING AT STUDENT ADDRESS	CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:	NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
		ADDRESS: <input type="checkbox"/> SAME AS STUDENT		EMPLOYER:	PREFERRED EMAIL ADDRESS:		
PARENT LIVING AT AN ALTERNATE ADDRESS		CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:	NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
		ADDRESS:		EMPLOYER:	PREFERRED EMAIL ADDRESS:		
	PARENT LIVING AT AN ALTERNATE ADDRESS	CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:	NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
		ADDRESS:		EMPLOYER:	PREFERRED EMAIL ADDRESS:		

EMERGENCY OR STUDENT BEING SENT HOME

If my child needs to leave school and I am unavailable, I authorize the following persons to take temporary custody of and responsibility for my child.

LOCAL FRIEND OR RELATIVE	RELATIONSHIP TO STUDENT	PHONE	EXTENSION	ALTERNATE PHONE	EXTENSION
		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	

PHYSICIAN: _____ PHONE: _____ HOSPITAL PREFERENCE: _____

Special Classes & Accommodations	Has this student ever participated in special classes or programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check the appropriate box(es) below. <input type="checkbox"/> SEI/English Language Development <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Extended Learning Program (ELP)/Gifted/Accelerated <input type="checkbox"/> Special Education: <input type="checkbox"/> ED, <input type="checkbox"/> Autism, <input type="checkbox"/> SLD, <input type="checkbox"/> MIID, <input type="checkbox"/> MOID, <input type="checkbox"/> SID, <input type="checkbox"/> OT, <input type="checkbox"/> SLI, <input type="checkbox"/> Other (_____)
Legal Documents	Please mark any items that apply to this student, and provide the school with copies of related court documents. <input type="checkbox"/> Custody/guardianship issues <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Student is not living with his/her biological parents <input type="checkbox"/> Student has an injunction against harassment against/from another person <input type="checkbox"/> Student has an order of protection against/from another person <input type="checkbox"/> Student is covered by a court order regarding school

LAST NAME FIRST NAME

Suspension/Expulsion Discipline Information	Has this student ever been suspended from school? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
	Has this student ever been expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
	Has either action ever been recommended for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____
	Dates of suspension/expulsion: _____ From which school? _____
	Length of suspension/expulsion: <input type="checkbox"/> 1-5 days <input type="checkbox"/> 6-10 days <input type="checkbox"/> More than 10 days: (Specify: _____)
Reason for suspension/expulsion: _____	

OPT OUT OPTIONS

STUDENT INTERNET

Pearce Elementary School provides students internet access to support academic activities. Teachers provide guidance and direction on the appropriate use of the Internet. In accordance with federal Child Internet Protection Act (CIPA), the district uses filters to block access to Web content that is inappropriate.

DIRECTORY INFORMATION

The district may disclose information that is generally not considered harmful or an invasion of privacy if the primary purpose is to allow the district to include this type of information in certain school publications, such as yearbooks, newsletters, playbills or honor rolls. Directory information includes the student's name, address, email address and telephone numbers; the parent's names, address and telephone numbers; the student's photograph; date and place of birth; grade level; enrollment dates; weight and height if the student is a member of an athletic team; awards received; and extracurricular participation. The district will not disclose directory information unless the district will use the information in a publication or a third party has requested the information for a

reason that, in the judgment of the district, serves the student's best interests. For example, the district will comply with directory information requests from another school in which a student seeks to enroll, universities and colleges, law enforcement and Child Protective Services. The district will provide directory information for commercial purpose only if beneficial to students, such as yearbooks.

HOW TO OPT OUT

- You may opt out of directory information releases by completing an Opt Out form and submitting it to the school office within the first two weeks of school or enrollment, whichever is later.
- You may opt out of student Internet access by completing an Opt Out form and submitting it to the school office anytime during the school year.
- This form must be resubmitted at the beginning of each school year.

The Opt Out form is available in the school office.

ATTENDANCE

We count on parents to ensure that children attend school and arrive on time.

Parents who anticipate extended absences should contact the school. If they do not, children are withdrawn from school after missing 10 days in a row.

ABSENCES

State law requires that parents contact the school to authorize absences before or during their children's absence. If we don't hear from parents, we will do our best to call them within two hours after the first missed class. Let us know right away if you change phone numbers.

TARDINESS

Students are tardy if they are not seated when the bell signals the start of class.

Parents should provide notes from doctors and dentists to excuse children for appointments, illnesses or injuries.

TRUANCY

Attendance officers may talk to parents about legal consequences of truancy. If students are habitually truant or excessively absent, parents and students may be cited and referred to the court.

If parents do not authorize absences within one day after their children return to school, absences are unexcused.

Students are habitually truant if they have five or more unexcused absences. They are excessively absent if they have 18 or more excused or unexcused absences.

SIBLING LIST: Please list ALL brothers and sisters of school age and younger (oldest first).

NAME (First and Last)	AGE	SCHOOL (if attending)	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that it is my responsibility to notify the school in writing of any changes to the above information.

I understand it is my responsibility to notify the school if my child needs to leave school during the day for appointments or other circumstances.

I affirm all Registration & Emergency Information on this form is accurate and I have read and understand the information provided to me regarding Student Health Conditions, Opt Out Options, and Attendance.

Signature
Parent/Guardian _____

Date _____

I (the parent/guardian) affirm that I am an Arizona resident: Yes No

94-34-17E W (2/14)

OFFICE USE ONLY	ENROLLMENT DATE: _____	ENROLLMENT CODE: _____	DATE ENTERED ON COMPUTER: _____	INITIALS: _____

HEALTH SERVICES REGISTRATION

Student's Name: _____ Date of Birth: _____ Grade: _____

HEALTH CONCERNS/HEALTH HISTORY

Check here if your child **DOES NOT** have any health issues (sign at bottom)

If your child has health concerns please check all current health conditions below and fill in blanks if applicable.

Parent/guardian is responsible for notifying the school of new or existing health concerns and for providing the school with any medication that the student will require during the school day. Additionally, the parent is responsible for properly training or instructing district staff in the administration of medications, epi-pens, inhalers, mobility equipment, etc.

ALLERGIES

Food: _____ Bee/Insect _____ Allergy to Medication _____ Other _____

School Treatment: My child will carry EpiPen & has been instructed on Epi Pen use EpiPen will be kept in Office
 Other _____

ASTHMA

Triggers: Exercise Environmental Other _____

School Treatment: My child will carry inhaler & has been instructed on inhaler use Inhaler will be kept in Office

My child was diagnosed with asthma but no longer uses an inhaler-date of last asthma episode: _____

DIABETES

Type I (takes insulin) Insulin Pump Pen Syringe Type II (diet/exercise/medication controlled)

EMOTIONAL/BEHAVIORAL/PSYCHOLOGICAL/DEVELOPMENTAL

ADD ADHD Anxiety Asperger's Autism Bipolar Depression
 Developmental Delay Mood Disorder OCD ODD PTSD Schizophrenia
 Other: _____

HEARING/VISION

Known Hearing Loss explain: _____ Hearing aid Glasses/Contacts

Other Vision Problem: _____

MOBILITY/ACTIVITY

Activity restriction explain: _____ My child uses an assistive device: Wheelchair Walker

Other: _____

SEIZURES

Type of seizure: _____ Date of last seizure: _____

OTHER MEDICAL ISSUES

Bleeding disorder Birth defect/disorder Cancer Cerebral Palsy Concussion (date: _____) Endocrine

Gastrointestinal/Bladder Skin condition Heart condition Hypertension Migraines Other: _____

Recent surgery, accident or serious illness (past year): _____

Explanation: _____

My child will need help with activities of daily living and/or health care procedures

MEDICATION

Medication taken at home: _____

Medication to be given at school: _____

I authorize the school office to give my child the following medications:

Acetaminophen Ibuprofen Cough drops

Information provided on this form will replace and/or update any previous health information received. It is the parent/guardian responsibility to notify the office if any changes occur in their child's health status.

I understand Pearce Elementary does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school.

I understand I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.

I understand if my child needs medication or other health services at school I must make arrangement with the school office.

Parent/Guardian Name (printed): _____ Parent/Guardian Signature: _____

Date: _____



**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.



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 _____ 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 indicate the student's home or primary language. (Revised 01-2019)

Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of the Elementary and Secondary Act (ESEA). The McKinney-Vento Act specifically states that enrollment barriers be removed to provide educational stability. If you have any questions, please contact Kyle Hart (520) 826-3328. Please complete and return this questionnaire to the school.

Name of Student: _____
Last
First
Middle

Address: _____ Birth Date: _____ School: _____ Male Female
Month/Day/Year

Is the student listed above in the custody of the Department of Child Safety? (If YES, you may stop here, and sign and date below) Thank you!
 Yes No

Students protected under the McKinney-Vento Act are entitled to immediate enrollment in school, even if they do not have required documents or registration (e.g. proof of residency, school records, immunization records or birth certificate). Students eligible under the McKinney-Vento Act are automatically eligible for free lunch, and may be entitled to transportation or other services.

Section A

- Yes No Is your current living situation due to loss of housing? Foreclosure Eviction Natural Disaster Flood Fire
- Yes No Is your current living situation due to economic hardship? Loss of job Change in job Cannot afford housing
- Yes No Is your current living arrangement temporary? Waiting to own home or rent apartment Other:
- Yes No Are you a student NOT living with your parent(s) or legal guardian?
 - > If you answered Yes to any of these questions, please continue to Sections B and C.
 - > If you answered No to ALL questions you may stop here, and sign and date below. Thank you!

SECTION B: Who does the student live with? (Please check one)

- Parent(s)/Legal Guardian(s) ALONE without an adult in the household
- With an adult that is NOT a parent/legal guardian

SECTION C: Identify the student's current living arrangements

- In a shelter, domestic violence shelter, or transitional housing
- In the home of a friend or relative (Length of time at present home address? _____)
- In a motel/hotel
- In a place NOT considered traditional housing (car, campground, park, abandoned building)
- In your own home without adequate utilities (running water, heat, electricity)
- In your own home

I declare under penalty of perjury under the laws of Arizona that the information I have provided on this form are true and correct.

Signature of Parent/Legal Guardian: _____ Date: _____

Pearce Elementary School District #22

Governing Board
Jennifer Casady
Edward Curry
Rodger Barnard III
Patricia Burris
Al Wilcoxson

PO Box 979, 1487 E. School Rd - Pearce, AZ 85625
520-826-3328 phone - 520-826-3531 fax
www.pearceschool.org

"Where Excellence is the Expectation"

Administration
Kyle Hart, Superintendent
Josie Alvarez, Admin. Assistant
Susan Ochoa, Business Manager

Use of Technology Resources in Instruction Electronic Information Services User Agreement

Please read this document carefully. When signed it become a binding agreement.

TERMS AND CONDITIONS

Acceptable use: I will use the service to support personal educational objectives within the educational goals and objectives of the school district. Inappropriate use may result in cancellation of use of information services and/or appropriate disciplinary action. I will not submit, publish, display, or retrieve materials forbidden by statutes, laws, or District policies and regulations.

Personal responsibility: I will report any misuses of the information services to a parent, teacher, or the system administrator, as appropriate.

I understand that many services and products are available for a fee and acknowledge the responsibility for any expenses incurred without District authorization.

Network etiquette: I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will: Be polite and use appropriate language; I will not send, or encourage others to send, abusive messages. Respect privacy: I will not reveal any home address or personal phone numbers. Avoid disruption: I will not use the network in any way that would disrupt use of the system by others.

Observe these other considerations:

- Be brief
- Try to use correct spelling and make messages easy to understand
- Use short and descriptive titles for my articles
- Post only to known groups.

Services: The school district specifically denies any responsibility for the accuracy of information. While the district will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information services is used and bears the risk of reliance on the information obtained.

I have read and agree to abide by the school district policy and regulations on appropriate use of the electronic information system, as incorporated herein by reference.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions indicated may result in disciplinary action and the revocations of my use of the system.

Student Name: _____ Student Signature: _____

Date: _____

Parent/Guardian Cosigner:

As the parent or guardian of this student, I have read this agreement and understand it. I understand that it is impossible for the school district to restrict access to all controversial materials, and I will not hold the district responsible for materials acquired by the use of the information services. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues.)

I accept full responsibility for supervision if, and when, my child's use of the information services is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Parent Name: _____ Parent Signature: _____

Date: _____



Pearce Elementary School District #22
 PO Box 979, 1487 E. School Rd - Pearce, AZ 85625
 520-826-3328 phone - 520-826-3531 fax
www.pearceschool.org



"Where Excellence is the Expectation"

Superintendent

Kyle Hart
 PH: 520-826-3328

Admin/Registrar

Estella (Josie) Alvarez
 Ph: 520-826-3328

INFORMATION TO BE RELEASED FROM:

_____ Fax Unofficial Copies

School or Agency: _____

_____ Mail Official Copies

Street Address: _____

Fax 520-826-3531

City, State, Zip: _____

Phone: _____

Fax: _____

Student's Name: _____ D.O.B: _____ Grade: _____

- | | |
|---|--|
| <input type="checkbox"/> Official Withdrawal Form | <input type="checkbox"/> Test Scores (State Assessment, AIMS, Terra Nova, Act, Sat, ASVAB, ETC...) |
| <input type="checkbox"/> Transcripts/Report Cards | <input type="checkbox"/> Withdrawal/Final Grades |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Gifted |
| <input type="checkbox"/> Special Ed. Records | <input type="checkbox"/> Attendance Records |
| | <input type="checkbox"/> ELL Records |
| | <input type="checkbox"/> Medical (History Information) |

PLEASE NOTE: Arizona School Districts are required to request records within 5 days of enrollment and to send students records within 10 days after receiving a request. Schools may not withhold responding to the request due to a financial obligation owed by the pupil or his/her parents as defined in A.R.S. 15-828-F.

 (Parent's Signature)

 (Date)

 (Print)

_____ School Official

1st Request _____

_____ Parent/Guardian/Eligible student

2nd Request _____

_____ Parent does not grant permission

3rd Request _____