

Coronado K-8 School

2023-2024 New Student Registration

Student Legal Name:

Grade:

Last:

First:

MI:

Forms Required:

- ☐ Student Registration
- ☐ Residency Documentation
- ☐ McKinney-Vento
- ☐ Primary Home Language Survey (PHLOTE)
- ☐ Coronado Emergency Release
- ☐ Health Information Card
- ☐ Student Records Request
- ☐ Elective Course Selection (Middle School)
- ☐ Amphi Technology Values



Documents Required:

- ☐ Birth Certificate
- ☐ Parent ID/Driver's License
- ☐ Immunization Records
- ☐ Withdrawal Form (prior school)
- ☐ Report Card/Grades
- ☐ Proof of Residency

Please attach **one** of the following: Utility bill, tax/mortgage statement, deed, pay stub, insurance/bank statement, purchase/lease/rental agreement, or driver's license.

Additional Documents if Applicable: (Please provide a copy of any document checked below)

- | | |
|---|--|
| <input type="checkbox"/> IEP | <input type="checkbox"/> Guardianship (One time 6-month Power of Attorney, or Permanent Legal) |
| <input type="checkbox"/> Evaluation Reports | <input type="checkbox"/> Custody Document (Court Order/Decree, Custody/Pending Court Date) |
| <input type="checkbox"/> 504 Accommodation Plan | <input type="checkbox"/> Notice to Provider |
| <input type="checkbox"/> Gifted/Talented Education Program Scores | <input type="checkbox"/> None |

Parent/Guardian Signature:

Date:

For Office Use Only

- | | |
|--|---|
| <input type="checkbox"/> Open Enrollment (New) | <input type="checkbox"/> AZ-DCS (Notice to Provider) |
| In District _____ Out of District _____ | Group Home _____ |
| <input type="checkbox"/> EL (per PHLOTE form) | <input type="checkbox"/> CEC-A <input type="checkbox"/> CEC-B |

Amphitheater Public Schools - Student Registration Form



School			
School Year		Entering Grade Level for Given School Year	

Directions: After completing this form, please save a copy on your computer. The Student Registration Form, along with any accompanying documentation, can be turned into the front office of the school you are enrolling your student.

STUDENT INFORMATION (Please PRINT student name exactly as it appears on the birth certificate)					
Legal Last Name	Legal First Name	Preferred First Name	Full Middle Name	Generation (Jr, III, IV, etc.)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race: (Check all that apply) <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaskan Native (Tribal Affiliation and Number _____)				
Date of Birth (mm/dd/yyyy)	Country of Birth	State of Birth (US only)		Place of Birth (City)	
Residential Address:		Apt.#	City	ST	Zip
Preferred Mailing Address:		Apt.#	City	ST	Zip
For High School	Student Email	@	Student Phone	()	-

Enrollment History	Has this student ever attended school in Arizona before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Has this student ever attended an Amphitheater school any time in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last school attended: <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Homeschool				
Year	Grade Level	District	City	State

Special Programs, Accommodations or Services (Check all that apply past or present and provide paperwork.)
<input type="checkbox"/> Special Education <input type="checkbox"/> 504 <input type="checkbox"/> English Language Development <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Gifted/Accelerated (<input type="checkbox"/> Student was previously participated in accelerated classes/programs) <input type="checkbox"/> Other _____
Note: Please submit all relevant documentation/records, including but not limited to 504 Plan, IEP, BIP, Chronic Illness, etc.

Other Information (Check all that apply)
<input type="checkbox"/> Active Military Dependent <input type="checkbox"/> Foster <input type="checkbox"/> DCS <input type="checkbox"/> Refugee Status <input type="checkbox"/> McKinney-Vento/Homeless <input type="checkbox"/> Open Enrollment

Other Children/Siblings Under 18 Living at this Address			
Name (Last Name, First Name)	Date of Birth	School	Grade

Transportation (Students must meet eligibility guidelines as listed in Board Policy. Please see Amphitheater website.)
If riding bus, student will ride: <input type="checkbox"/> To AND From School <input type="checkbox"/> To School Only <input type="checkbox"/> From School Only <input type="checkbox"/> Day Care: _____
Other modes of transportation: <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Parent Drop Off / Pick Up <input type="checkbox"/> Student drives (HS only)

Office Use Only	AM Bus# _____ Stop _____ PM Bus# _____ Stop _____	Student ID: _____ Entry Code: _____ Start Date: _____ Data Entry Date: _____ Initials of Person Entering Data: _____
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Student Name: _____ Grade: _____

Parent/Guardian Contact #1 (Only contact #1 is the PRIMARY contact and will be contacted first)			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____			
Last Name		First Name	
		Employer	
Cell Phone () -		Home Phone () -	
Work Phone () -			
<input type="checkbox"/> Address same as the student		Address (if different than student): Apt.# City ST Zip	
Email: _____ @ _____		Contact #1 Spoken Language	
<input type="checkbox"/> Agrees to be contacted electronically, including text messages, for educational items (e.g., emails from teachers and principals, progress reports, messages from schools, etc.)			
<input type="checkbox"/> I would like to receive a printed copy of Amphitheater Code of Conduct (Amphitheater Code of Conduct is accessible via the following link: https://www.amphi.com/Domain/1053)			
Check all that apply:		<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student <input type="checkbox"/> Is an Emergency Contact <input type="checkbox"/> Receives Report Card <input type="checkbox"/> Can have Parent Portal Access	

Parent/Guardian Contact #2			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____			
Last Name		First Name	
		Employer	
Cell Phone () -		Home Phone () -	
Work Phone () -			
<input type="checkbox"/> Address same as the student		Address (if different than student): Apt.# City ST Zip	
Email: _____ @ _____		Contact #2 Spoken Language	
<input type="checkbox"/> Please keep me informed regarding my child's education through email and text messages as needed. (e.g., emails from teachers and principals, progress reports, messages from schools, etc.)			
<input type="checkbox"/> I understand the Code of Conduct is available online, but I would still like a printed copy. (Amphitheater Code of Conduct is accessible via the following link: https://www.amphi.com/Domain/1053)			
Check all that apply:		<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student <input type="checkbox"/> Is an Emergency Contact <input type="checkbox"/> Receives Report Card <input type="checkbox"/> Can have Parent Portal Access	

Who has legal custody of the child? <input type="checkbox"/> Contact #1 <input type="checkbox"/> Contact #2 (Check both if applicable.)	
Is there a joint custody or parenting plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, plan must be on file with the school.)	
Is this student in care of a guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal guardianship records must be on file with the school.)	
Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No Against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Papers must be on file with school.)	
Additional Information:	

Additional Contact #3			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____			
Last Name		First Name	
		#3 Spoken Language	
Cell Phone () -		Home Phone () -	
Work Phone () -			
Check all that apply:		<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student <input type="checkbox"/> Is an Emergency Contact <input type="checkbox"/> Can have Parent Portal Access (Email: _____ @ _____)	

Additional Contact #4			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____			
Last Name		First Name	
		#4 Spoken Language	
Cell Phone () -		Home Phone () -	
Work Phone () -			
Check all that apply:		<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student <input type="checkbox"/> Is an Emergency Contact <input type="checkbox"/> Can have Parent Portal Access (Email: _____ @ _____)	

I VERIFY ALL OF THE INFORMATION ON THIS FORM IS ACCURATE		
Enrolling Parent/Guardian Printed Name		Enrolling Parent/Guardian Signature
		Date

Amphitheater Unified School District does not discriminate on the basis of race, color, religion/religious beliefs, gender, sex, age, national origin, sexual orientation, creed, citizenship status, marital status, political beliefs/affiliation, disability, home language, family, social or cultural background in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the District's non-discrimination policies are handled at 701 W. Wetmore Road, Tucson, Arizona 85705 by the Equity & Safety Compliance Officer and Title IX Coordinator, (520) 696-5164, or Kristin McGraw, Executive Director of Student Services, (520) 696-5230, kmcgraw@amphi.com.



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School _____

School District or Charter Holder **Amphitheater Public 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 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 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)
- _____ 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

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: _____



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 _____

District or Charter _____

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)

McKinney-Vento Regulations

If your living arrangement is both temporary and the result of economic hardship, you may qualify for services under the McKinney-Vento Act. The purpose of this law is to provide academic stability for students of families in transition.

You may want to talk with the Amphitheater Homeless Education Liaison if your family's temporary living arrangement is one of the following:

You are living with friends or relatives, or moving from place to place, because you cannot currently afford your own housing.

You are living in a shelter or a motel.

You are living in a Transitional Housing Program

You are living in housing without water or electricity.

You are living in a place not considered traditional "housing", like a car or a campground.

You are a student living on your own (in a similar situation) without a parent or legal guardian.

*A student may qualify as an "unaccompanied youth" if he or she is living with someone who is not a parent or guardian, or if he or she is moving from place to place without a parent or guardian.

Children who qualify under McKinney-Vento have the right to:

Attend the school they were attending when their family was forced to move to a temporary address because of economic hardship, even if that school is in another school district. The choice must be a reasonable one that is in the best interest of the children involved. Check with the district Homeless Education Liaison if you are not sure.

- ◆ Attend the school closest to where they are being sheltered.
- ◆ Stay in this school for the duration of the school year if their families are forced to move to another temporary address because of economic hardship.
- ◆ Receive assistance with transportation to attend school while they are being temporarily housed.
- ◆ Start school immediately while people at school help families obtain school and immunization records or other documents necessary for enrollment.
- ◆ Enroll in school without having a permanent address.
- ◆ Participate in the same programs and services that other students participate in.
- ◆ Receive Title 1 services, including free breakfast and lunch.

If you feel your family may be eligible under the McKinney-Vento Homeless Assistance Act, please contact **Mary Beth Santillan, McKinney-Vento Ed. Liaison, @ 696-6946 or mbsantillan@amphi.com**

Amphitheater Public Schools McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of No Child Left Behind. Answers to these questions will help determine services a student may be eligible for. See the attached page for a description of the McKinney-Vento Act. Filling out this questionnaire is voluntary.

1. Is your current address a temporary living arrangement? Yes____ No____
2. Is your temporary address due to loss of housing or economic hardship? Yes____ No____

If you answered "NO" to both of these questions you may stop here. Thank you.

Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children.

Names of adults in the home: _____ Date: _____

Name of School	Name of Student	Grade	Address	Phone number

1. Where are these students presently living? (Check one box.)

- ☐ Doubled up with relatives or friends
- ☐ In a transitional housing program
- ☐ In a motel
- ☐ In a shelter
- ☐ Moving from place to place
- ☐ In a place not considered traditional "housing" (campground, car, public place, etc.)

2. Do you also have pre-school children at home? Yes ____ No ____

3. Are you a high school student who is currently living on your own due to hardship? Yes ____ No ____
Unaccompanied youth also qualify for services under this law.

4. Are there any pressing needs that could prevent your child from being successful in school? No____
Yes ____ Please explain: _____

TEACHER'S NAME (School Use Only) _____

PLEASE PRINT

AMPHITHEATER SCHOOL DISTRICT HEALTH INFORMATION CARD

 M
F

 Full Legal Name of Student _____ Sex _____ Grade _____ School _____
 (Last) (First) (Middle)

Resident Address _____

Mailing Address (if different) _____

Date of Birth _____ Place of Birth _____ City _____ State _____ Country _____

Name/Address of Person(s) with whom Student may reside:

Name	Address (If different than above)	Home #	Work #	Cell #
Father _____	_____	_____	_____	_____
Step-Father _____	_____	_____	_____	_____
Mother _____	_____	_____	_____	_____
Step-Mother _____	_____	_____	_____	_____
Guardian _____	_____	_____	_____	_____

Brothers/Sisters:

Name	Age	School	Name	Age	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Any legal restricted custody decision the school health office should be aware of? If yes, describe: _____

Language(s) spoken by Student _____ Language(s) spoken at home _____

PLEASE CHECK THE FOLLOWING ITEMS, IF THEY PERTAIN TO YOUR STUDENT:

☐ ADHD/ADD ☐ Allergies/drug ☐ Allergies/food ☐ Asthma ☐ Birth defects ☐ Blood disorder ☐ Bowel/bladder
☐ Diabetes ☐ Glasses/contacts ☐ Headaches/migraines ☐ Hearing problem ☐ Heart condition ☐ Orthopedic ☐ Psychiatric disorder
☐ Seizure disorder ☐ Other (If any items were checked, please explain) _____
If your student is to take medication at school, a signed consent form is required.Please list all medication(s) student is now taking at home or school: _____

What health or physical problem might affect school attendance or participation in PE? _____

Has your student ever been involved in a special education program? If yes, please explain _____

INSURANCE COVERAGE: ☐ None ☐ AHCCCS ☐ Kids Care ☐ Indian Health Services ☐ Other Health Plan _____

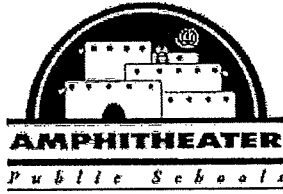
Doctor _____ Phone _____ Hospital Preference _____

If parent/guardian cannot be reached, name a relative or friend with a LOCAL PHONE who will be responsible for your student if he/she is hurt or becomes ill at school. (Please notify the school health office of any information changes on this card.)Name _____ Address _____ Phone(s) _____ ☐ Can pick upName _____ Address _____ Phone(s) _____ ☐ Can pick up

If emergency medical action or treatment is required, and parent/guardian cannot be contacted, I hereby authorize my child to be given emergency medical care as deemed necessary by school officials. I understand that any expenses incurred will be paid for by the parent/guardian or by insurance coverage provided by the parent/guardian, and that payment of any medical expense is not the responsibility of the school or the school district.

Parent/Guardian Signature _____ Date _____
(Signature verifies that all of the information on this card is accurate.)

Amphitheater Unified School District does not discriminate on the basis of race, color, religion/religious beliefs, gender, sex, age, national origin, sexual orientation, creed, citizenship status, marital status, political beliefs/affiliation, disability, home language, family, social or cultural background in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the District's non-discrimination policies are handled at 701 W. Wetmore Road, Tucson, Arizona 85705 by Anna Maiden, Equal Opportunity & Compliance Director, (520) 696-5164, amaiden@amphi.com, or Kristin McGraw, Executive Director of Student Services, (520) 696-5230, kmcgraw@amphi.com.



Student Section:

I understand that it is my responsibility to honor the Acceptable Use Policy and uphold the Amphitheater Public School Technology Values both online, offline, at school and at home. I understand that my actions can affect others and that I will be accountable for my behavior. I will not engage in activities that are in violation of the Technology Acceptable Use Policy.

I have read the Acceptable Use Policy and agree to follow the rules and guidelines when using technology. This applies while I am on or off Amphitheater Public School property.

Student Name _____ Grade _____ Date _____

Student Signature _____

Parent Section:

I hereby release Amphitheater Public Schools, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the Amphitheater Public School network. I will instruct my child regarding the rules of use contained in this document and understand and agree that the agreements contained herein are incorporated into the contract under which my child is enrolled in Amphitheater Public School District. I understand that it is impossible for Amphitheater Public Schools to restrict access to all controversial materials and I will not hold the school responsible for materials accessed on the network.

I accept full responsibility if and when my child's use of technology is not in a school setting and understand that my child is subject to the same rules and agreements while not at school. I understand that Amphitheater Public Schools encourages parents and guardians to supervise and monitor any online activity. I am aware of my child's account information and passwords for the Amphitheater Public Schools network, G-Suite Account and HelloID Single Sign-On account accessing assigned digital curriculum.

Parent Name _____ Date _____

Parent Signature _____

Coronado K-8 School
EMERGENCY RELEASE FORM

Dear Parents/Guardians,

If there were ever an emergency or disaster situation in our area while school was in session, we want you to be aware that our staff, Pima County Sheriff's Department (including our School Resource Officer), Golder Ranch Fire Department, and District staff have made preparations to respond effectively.

Your cooperation is necessary should we have a major emergency or disaster during school hours. Amphitheater School District has a detailed disaster plan which has been formulated to respond to a major catastrophe. We will follow all guidelines and utilize all resources to ensure the safety of your student(s). In addition, we need you to be aware of the following:

- Do not telephone our school. Our telephone lines may be needed for emergency communication.
- In the event of a serious emergency, students may be kept at school or may go to one of our identified evacuation sites until they are picked up by a specific, responsible adult who you will identify in this letter. Please be sure you consider the following criteria when you authorize another person to pick up your child at school.
 - He/she is required to provide a picture ID.
 - He/she is 18 years of age.
 - He/she is normally home during the day.
 - He/she could walk a distance to our school or evacuation site, if necessary.
 - He/she is known to your child.
 - He/she is both aware of and able to assume this responsibility.
- Listen to the radio or TV news for emergency announcements. If students are to be kept at school or evacuated for any reason, radio stations and TV news will be notified.
- Impress upon your child the need for them to follow the directions of any school personnel in times of an emergency. Students will be released only to parents and persons identified in this letter. During extreme emergencies, students will be released at a designated reunion site located on campus or at our alternative evacuation site. You will be notified of the location via social media or phone dialer. It is important that parents become familiar with our Emergency Disaster Plan. We appreciate your patience and understanding with the student release process. Please instruct your child to remain at school until you or a designee arrives.

Student Name (Print) _____ Grade _____ School Year **23-24**

Parent/Guardian Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

I authorize the following people to pick up my child in the event of an emergency or disaster affecting Coronado K-8:

_____	Phone _____	_____	Phone _____
_____	Phone _____	_____	Phone _____
_____	Phone _____	_____	Phone _____

Parent/Guardian Signature _____ Date _____

Office Use Only – Please do not write in this area

Student (Print) _____ Released to (Print) _____

Form of ID _____ Signature _____

Authorized by: _____

CORONADO K-8 SCHOOL

3401 East Wilds Road

Tucson, AZ 85739

Office: 520-696-6610 FAX 520- 696-6701

STUDENT RECORDS REQUEST**SECTION I: STUDENT INFORMATION**

This form provides authorization to release educational records and/or information relating to the following student enrolling in our school.

STUDENT NAME: _____ GRADE: _____
Last First MiddleDATE OF BIRTH: _____ GENDER: ☐ MALE ☐ FEMALE**SECTION II: INFORMATION TO BE RELEASED FROM PREVIOUS SCHOOL OF ATTENDANCE**Provide information for the last school of attendance. Year attended: (____)

SCHOOL NAME: _____ PHONE: (____) - _____

ADDRESS: _____ FAX: (____) - _____
Street City State / Zip**SECTION III: EDUCATIONAL RECORDS AND INFORMATION TO BE DISCLOSED**Educational records/information for disclosure: ☐ ALL records/information

- | | |
|--|--|
| <input type="checkbox"/> Official Withdrawal Form | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Academic Records/Transcript of Credits and Grades | <input type="checkbox"/> Evaluations <input type="checkbox"/> Individual Educational Program (IEP) |
| <input type="checkbox"/> Achievement Test Scores | <input type="checkbox"/> Gifted/Talented Program Information |
| <input type="checkbox"/> Discipline and Attendance History | <input type="checkbox"/> Limited English Proficient Records |
| <input type="checkbox"/> Health and Immunization Records | <input type="checkbox"/> School CTDS # and SAIS # (if applicable) |
| <input type="checkbox"/> Birth Record/Certified Certificate | <input type="checkbox"/> Other Pertinent Information _____ |
| <input type="checkbox"/> Custody Documents (if applicable) | |

SECTION IV: RELEASE INFORMATION TO

Coronado K-8 School
3401 East Wilds Road
Tucson, AZ 85739
Attn: Registrar

*Please MAIL all records over 10 pages
Fax records fewer than 10 pages to 520-696-6701*

Comment: _____

SECTION V: SIGNATURE AND ACKNOWLEDGEMENT

I hereby grant permission for all confidential, medical, psychological and academic information be released to *Coronado K-8 School* for educational purposes.

SIGNATURE_____
RELATIONSHIP TO STUDENT_____
DATE

Requested by: Shirley White, Coronado K-8 Registrar • 520-696-6710 • swhite@amphi.com •

*For Office Use Only:*Date Requested: _____ ☐ Fax ☐ Email ☐ Mail