

Amphitheater Public Schools - Student Registration Form



School			
School Year		Entering Grade Level for Given School Year	

STUDENT INFORMATION (Please PRINT student name exactly as it appears on the birth certificate)

Legal Last Name		Legal 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 (if different):				Apt.#	City	ST	Zip		
For High School		Student Email				Student Phone ()			

Language (Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency)

What is the primary language used in the home regardless of the language spoken by the student?				<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____	
What is the language most often spoken by the student?				<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____	
What is the language that the student first acquired?				<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____	
Parent/Guardian preferred correspondence language?				<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____	

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: _____ Public Charter Private Homeschool

Year	Grade Level	District	City	State
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Special Programs, Accommodations or Services (Check all that apply past or present and provide paperwork.)

Special Education 504 Speech English Language Development Gifted/Accelerated Chronic Illness Other _____

Comments: _____

Other Information (Check all that apply)

Active Military Dependent Foster DCS Refugee Status McKinney-Vento/Homeless 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: To AND From School To School Only From School Only

Other modes of transportation: Walk Bike Parent Drop Off / Pick Up Day Care: _____

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

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 for education items. (Teacher emails, progress reports, etc.)					
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"/> Agrees to be contacted electronically for education items. (Teacher emails, progress reports, etc.)					
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	

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	

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

JFAA-EA

**ADMISSION OF RESIDENT STUDENTS
RESIDENCY DOCUMENTATION FORM
Amphitheater Unified School District**

Student _____ School _____

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, Valid U.S. passport or motor vehicle registration

_____ 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 or other identification issued by a recognized Indian tribe that contains an Arizona address

_____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

_____ 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

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 ____ If "yes", please explain: _____

Name of School: _____



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: Amphitheater Public Schools

School: _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact.

In SAIS, please indicate the student's home or primary language.

Copy: office, Language Acquisition Office, ELD teacher

PLEASE PRINT

**AMPHITHEATER SCHOOL DISTRICT
HEALTH INFORMATION CARD**

M

Full Legal Name of Student _____ Sex **F** 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 _____
Name _____	Age _____	School _____	Name _____	Age _____	School _____
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 up

Name _____ 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.