

# Amphitheater Public Schools - Student Registration Form



<b>School</b>			
<b>School Year</b>		<b>Entering Grade Level for Given School Year</b>	

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

<b>Legal Last Name</b>		<b>Legal First Name</b>		<b>Full Middle Name</b>		<b>Generation (Jr, III, IV, etc.)</b>		<b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F	
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>Race:</b> (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 <b>Tribal Affiliation and Number</b> _____							
<b>Date of Birth (mm/dd/yyyy)</b>		<b>Country of Birth</b>		<b>State of Birth (US only)</b>		<b>Place of Birth (City)</b>			
<b>Residential Address:</b>				<b>Apt.#</b>	<b>City</b>	<b>ST</b>	<b>Zip</b>		
<b>Preferred Mailing Address (if different):</b>				<b>Apt.#</b>	<b>City</b>	<b>ST</b>	<b>Zip</b>		
<b>For High School</b>	<b>Student Email</b>	@			<b>Student Phone</b>	(	)	-	

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

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

<b>Enrollment History</b>	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

<b>Last school attended:</b> _____ <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Homeschool				
<b>Year</b>	<b>Grade Level</b>	<b>District</b>	<b>City</b>	<b>State</b>

## 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"/> Speech	<input type="checkbox"/> English Language Development	<input type="checkbox"/> Gifted/Accelerated	<input type="checkbox"/> Chronic Illness	<input type="checkbox"/> Other _____
<b>Comments:</b>						

## 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
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## 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.)

<b>If riding bus, student will ride:</b>	<input type="checkbox"/> To AND From School	<input type="checkbox"/> To School Only	<input type="checkbox"/> From School Only
<b>Other modes of transportation:</b>	<input type="checkbox"/> Walk	<input type="checkbox"/> Bike	<input type="checkbox"/> Parent Drop Off / Pick Up
	<input type="checkbox"/> Day Care:	_____	

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

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"/> Receives Report Card		<input type="checkbox"/> Can have Parent Portal Access	
<input type="checkbox"/> Is an Emergency Contact					

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"/> Receives Report Card		<input type="checkbox"/> Can have Parent Portal Access	
<input type="checkbox"/> Is an Emergency Contact					

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		