

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

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)

☐ Mother ☐ Father ☐ Foster Mother ☐ Foster Father ☐ Step-Mother ☐ Step-Father ☐ Guardian ☐ Other _____

Last Name	First Name	Employer
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Cell Phone () -	Home Phone () -	Work Phone () -
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<input type="checkbox"/> Address same as the student	Address if different than student:	Apt.#	City	ST	Zip
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Email: _____ @	Contact #1 Spoken Language
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☐ 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

☐ Mother ☐ Father ☐ Foster Mother ☐ Foster Father ☐ Step-Mother ☐ Step-Father ☐ Guardian ☐ Other _____

Last Name	First Name	Employer
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Cell Phone () -	Home Phone () -	Work Phone () -
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<input type="checkbox"/> Address same as the student	Address if different than student:	Apt.#	City	ST	Zip
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Email: _____ @	Contact #2 Spoken Language
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☐ 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? ☐ Contact #1 ☐ Contact #2 (Check both if applicable.)

Is there a joint custody or parenting plan in effect? ☐ Yes ☐ No (If yes, plan must be on file with the school.)

Is this student in care of a guardian? ☐ Yes ☐ No (If yes, legal guardianship records must be on file with the school.)

Is there a restraining order in effect? ☐ Yes ☐ No Against: ☐ Mother ☐ Father ☐ Other (Papers must be on file with school.)

Additional Information:

Additional Contact #3

☐ Mother ☐ Father ☐ Foster Mother ☐ Foster Father ☐ Step-Mother ☐ Step-Father ☐ Guardian ☐ Other _____

Last Name	First Name	#3 Spoken Language
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Cell Phone () -	Home Phone () -	Work Phone () -
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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"/> Parent Portal email: _____
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Additional Contact #4

☐ Mother ☐ Father ☐ Foster Mother ☐ Foster Father ☐ Step-Mother ☐ Step-Father ☐ Guardian ☐ Other _____

Last Name	First Name	#4 Spoken Language
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Cell Phone () -	Home Phone () -	Work Phone () -
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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"/> Parent Portal email: _____
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I VERIFY ALL OF THE INFORMATION ON THIS FORM IS ACCURATE

Enrolling Parent/Guardian Printed Name	Enrolling Parent/Guardian Signature	Date
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CORONADO K-8 PROOF OF RESIDENCY FORM

Amphitheater Unified School District

Name _____ Coronado K-8

Parent/Legal Guardian _____

As a 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:

☐ Real Estate deed or mortgage documents signed by all parties

☐ Current Gas, electric or water bill.

☐ Residential lease or rental agreement signed by all parties

☐ Property tax bill

☐ 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

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?
Yes ___ No ___
Please explain: _____

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



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 Amphitheater Public Schools - District 10

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)



Arizona Department of Education

Office of English Language Acquisition Services

Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. **Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA).** Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse **antes** de que el estudiante tome el Examen AZELLA.

1. ¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?

2. ¿Qué idioma habla el estudiante la mayoría del tiempo?

3. ¿Qué idioma habló o entendió el estudiante primero?

Nombre del estudiante _____	Distrito _____
Fecha de nacimiento _____	Núm. de identificación _____
Firma del padre o tutor _____	SSID _____
Fecha _____	
Distrito o Charter <u>Amphitheater Public Schools - District 10</u>	
Escuela _____	

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.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)

Coronado K-8 School

3401 E Wilds Rd
Tucson, AZ 85739
520.696.6710 (office)
520.696.6701 (Fax)

STUDENT RECORDS REQUEST

New Student Registration

☐ Faxed ☐ Mailed

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 Middle

DATE OF BIRTH: _____ **GENDER:** ☐ Female ☐ Male

SECTION II: INFORMATION TO BE RELEASED FROM PREVIOUS SCHOOL OF ATTENDANCE

Provide information to request student records from the **last** school of attendance. Year attended: (____)

SCHOOL NAME: _____ **PHONE:** _____

ADDRESS: _____ **FAX:** _____
Street City State / Zip

SECTION III: DESCRIPTION OF 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 (AIMS) | <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 (colored folder) | <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

**Office Use* Date Requested _____ / _____ / _____

To disclose by *fax* or *mail* educational records/information for the student referenced in **SECTION I** to:

Coronado K-8 School, 3401 E Wilds Rd, Tucson AZ 85739

☐ **Return by Fax 520.696.6701**

Attn: ☐ Registrar ☐ Nurse ☐ Special Education Dept

Comment: _____

SECTION V: SIGNATURE AND ACKNOWLEDGEMENT

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

PARENT/GUARDIAN SIGNATURE













RELATIONSHIP TO STUDENT

DATE

Shirley White, Registrar **swhite@amphi.com**



Amphitheater Public Schools is deeply committed to technology as a vital tool for its students, teachers, and parents. As a user of technology, 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.

Amphitheater Public Schools Technology Values			
We value Communication; Therefore, I will	 Make appropriate decisions when communicating.	 Participate in collaboration.	 Think before I post.
We value Privacy & Safety; Therefore, I will	 Secure my personal information.	 Be aware that anything I do electronically is not private and can be monitored.	 Report any cyberbullying.
We value Learning; Therefore, I will	 Do my best.	 Have a positive attitude.	 Explore using appropriate resources. I will not use nonacademic search words.
We value Respect; Therefore, I will	 Follow copyright rules.	 Respond thoughtfully to other people's ideas.	 Take proper care of all equipment.



Acceptable Use Policy

We are very pleased to bring a wide range of technologies to students, staff and faculty in Amphitheater Public Schools. The internet and devices on our network are used to support the educational objectives of Amphitheater Public Schools. Use of these technologies is a privilege and is subject to a variety of terms and conditions. Amphitheater Public Schools retains the right to change such terms and conditions at any time.

1. Communication

I will make appropriate decisions when communicating and will not send or share mean or inappropriate content. I will participate in collaboration while using effective participation skills. I will be mindful of what I post and not use profanity or any language that is offensive to anyone.

2. Privacy & Safety

I will secure personal information about family, faculty or myself. This includes passwords, home addresses, phone numbers, ages, and birth dates. I will be aware that anything I do online or electronically is not private and can be monitored. I will seek help if I feel unsafe, bullied or witness any form of unkind behavior including cyberbullying.

3. Learning

I will do my best. I will have a positive attitude and be willing to explore different technologies. I understand some sites are inappropriate and I will not search for words that are not related to my academics. I will evaluate the validity of information presented as I explore online and understand that not everything online is true.

4. Respect

I will follow all copyright rules and give credit when it needed. This includes documenting and properly citing all information acquired through online sources including but not limited to images, videos and music. I will respond thoughtfully to the opinions, ideas and values of others. I will take proper care of all equipment including district provided and personal devices of others. I will report misuse and/or inappropriate content to my teachers and adults.

**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.
- All parents are encouraged to sign up for Mr. Ball's REMIND account. This is the quickest way for Mr. Ball to send one way communication with updates/reminders regarding Coronado. To sign-up, please text to **81010** and in the message box please type in @notesfro, please follow the prompts to complete sign-up.
- 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 21-22

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:

_____ Name	_____ Phone	_____ Name	_____ Phone
_____ Name	_____ Phone	_____ Name	_____ Phone
_____ Name	_____ Phone	_____ Name	_____ 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: _____

Please Print

**AMPHITHEATER SCHOOL DISTRICT
HEALTH INFORMATION CARD
CORONADO K-8 SCHOOL**

Full Legal Name of Student _____ Sex _____ Grade _____ School _____

Resident Address _____ (Last) _____ (First) _____ (Middle) _____ (M/F) _____

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 #
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Father	_____	_____	_____	_____
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Step-Father	_____	_____	_____	_____
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Mother	_____	_____	_____	_____
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Step-Mother	_____	_____	_____	_____
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Guardian	_____	_____	_____	_____
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Brothers/Sisters:

Name _____	Age _____	School _____	Name _____	Age _____	School _____
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Name _____	Age _____	School _____	Name _____	Age _____	School _____
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Name _____	Age _____	School _____	Name _____	Age _____	School _____
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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 COMPLETE REVERSE SIDE)

Revised 01/18

Stock Form #W9072

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

- ☐ ADHD ☐ Allergies/drug ☐ Allergies/food ☐ Allergies/seasonal ☐ 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) _____
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Name _____	Address _____	Phone(s) _____
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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.)