

# 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"/> American Indian / Alaskan Native		<input type="checkbox"/> White		<input type="checkbox"/> Native Hawaiian / Pacific Islander		<input type="checkbox"/> Asian	
<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>	( )	-		

<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			
Last school attended: _____ <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>

<b>Special Programs, Accommodations or Services</b> (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>				

<b>Other Information</b> (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				

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

<b>Transportation</b> (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)				

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

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

<b>Parent/Guardian Contact #1</b> (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					

<b>Parent/Guardian Contact #2</b>					
<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:					

<b>Additional Contact #3</b>					
<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"/> Parent Portal email: _____	

<b>Additional Contact #4</b>					
<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"/> Parent Portal email: _____	

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

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.





# The Amphi Way School Compact



*An Integral Part of the Amphitheater High School Community*

*All members of the Amphitheater High School community have the responsibility to promote the Amphi Way and create a **RESPECTful** learning environment.*

The Amphi Community includes:

Students  
Staff Members  
Parents & Guardians  
Guests to the School  
The School Campus

## The Amphi Way

**R**esponsibility

**E**mpathy

**S**elf-Control

**P**romptness

**E**fficacy

**C**ourtesy

**T**rustworthiness

**TEACHERS & STAFF have a responsibility to:**

- **Demonstrate a personal enthusiasm** for teaching and learning, and a genuine concern for the individual student.
- **Plan** interesting, challenging, and rewarding experiences for students each day.
- **Guide learning activities** so students learn to think and reason, assume responsibility for their actions, and respect the right of others.
- **Recognize and accept primary responsibility** for student discipline. Each teacher has primary responsibility and authority for student conduct.
- **Be fair, firm, and consistent** in enforcing school rules in classrooms, hallways, rest rooms, school buses, on the school campus, and at all school-sponsored activities.
- **Expect** from students respectful responses to directions and corrections.
- **Give positive reinforcement** for acceptable behavior.
- **Demonstrate, by word and personal example,** respect for law and order, and self-discipline.
- **Refer to a counselor or administrator** any student whose behavior requires special attention.
- **Inform parents** regarding student achievement, behavior, and attendance by responding to e-mails and phone calls, completing report cards/progress reports, and attending parent/teacher conferences.

Teacher & Staff Signature \_\_\_\_\_

A.J. Malis, Principal

**STUDENTS have the responsibility to:**

- **Attend school regularly and punctually.** Excuses for absences must be in writing or otherwise confirmed by a parent or guardian. Absences are excused for illness and emergencies beyond student control. Absences for appointments, family trips, or school activities must be prearranged. All other absences are “unexcused.”
- **Dress appropriately** according to the AHS Dress Code, and in a fashion that will not disrupt classroom procedures.
- **Respect the authority of teachers, principals, and other school staff** whose job is to enforce the Student Code of Conduct.
- **Be self-controlled, and non-disruptive** in classrooms, hallways, study areas, school buses, on school property, and at school activities.
- **Be reasonable, self-controlled, and considerate** in your relationships with other students.
- **Strive for mutually respectful relationships** with teachers and other staff members.
- **Keep language and gestures respectful**, and free of profanity or obscenities.
- **Respect private and public property.**
- **Take responsibility for your actions.**

Student Signature \_\_\_\_\_

**PARENTS & GUARDIANS have a responsibility to:**

- **Guide your child** to develop socially acceptable standards of behavior, to exercise self-control, and to be responsible for his/her actions.
- **Know and understand the rules** your student is expected to observe at school according to the Student Code of Conduct; be aware of the consequences for violations of these rules, and accept responsibility for your student’s actions.
- **Cooperate with school staff** in carrying out appropriate disciplinary penalties when such action is necessary.
- **Send your child to school**, as required by Arizona Law 22.1-254, to make certain your child’s attendance at school is regular and punctual, and all absences are properly excused.
- **Encourage your child to dress in compliance with the AHS Dress Code.**  
and in a fashion that will not disrupt classroom procedures.
- **Teach your child, by word and example**, respect for law, for the authority of the school, and for the rights and property of others.
- **Instill in your child a desire to learn**, by encouraging a respect for honest work, and an interest in exploring broader fields of knowledge.
- **Become acquainted with your child’s school** including its staff, curriculum, and activities.  
Attend parent-teacher conferences and school functions.
- **Communicate** your concerns to school staff.

Parent / Guardian Signature \_\_\_\_\_



# Amphitheater High School

## “Off Campus Lunch” Permission Form

Leaving campus at lunch is considered a privilege to be enjoyed by responsible Junior and Senior students who meet certain criteria. Students and parents must remember that all aspects of the **Student Code of Conduct** apply even when a student is off campus at lunch.

Students must have parent/guardian permission to leave at lunch. A parent signature on this “Off Campus Lunch” Permission Form constitutes the parent/guardian’s permission for the student to leave at lunch. Parents of Junior and Senior students who have signed the “Off Campus Lunch” Permission Form do not need to contact the Attendance Office every time their student leaves campus at lunch, unlike other times when a student leaves campus during the school day.

To receive and use “Off Campus” lunch privileges, students must meet all of the following criteria:

- Have the “Off Campus Lunch” Permission Form signed by both the student and parent/guardian on file in the AHS office.
- Have 12 credits if a Junior; 17 credits if a Senior.
- Present the “Off Campus” ID to security when leaving at lunch. If the student does not have their “Off Campus” ID, the student may NOT leave campus. No exceptions.

“Off Campus lunch” privileges may be temporarily or permanently revoked for any of the following reasons; absences, tardies, if the student leaves campus at any time other than lunch without signing out in the attendance office, or violates any provision of the Amphitheater School District’s **Student Code of Conduct**.

If “Off Campus Lunch” privileges are revoked, the student must surrender the Off Campus ID will be issued a new ID.

Parent/Guardian \_\_\_\_\_  
Signature Date

Student \_\_\_\_\_  
Print Name ID Number Signature

Office use only:		
Off Campus Privileges Granted: _____	Date: _____	
Off Campus Privileges Denied: _____	Date: _____	Reason: _____

