



HARELSON ELEMENTARY SCHOOL
Returning Student Registration Packet Checklist

Student Last Name: _____ Student First Name: _____

Parent Signature: _____ Date: _____

Current Grade: _____ Current Teacher: _____

Next Year's Grade: _____

Forms and Documents Required for Registration:

- Acknowledgement/Registration Checklist
- Student Registration
- Signature on the 2nd page of the Registration Form (bottom of the form)**
- Residency Form
- Current Proof of Residency Document Mandatory- Required each year.** Attach one of the following: Driver's License, Utility bill, tax, deed, pay stub, insurance, bank statement, lease or rental agreement, mortgage.
- Health Information Form
- Signature on the Health Information Form (bottom of the form)**

Please complete each form. After signing each form where appropriate return the packet to your child's teacher ***no later*** than
February 17, 2023.

NOTE: we must have a completed packet for each child in order to place them in a class for the 2023-2024 school year.

Thanks for your cooperation!

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"/> American Indian / Alaskan Native (Tribal Affiliation and Number _____)	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Asian	
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 _____	Student ID: _____ Entry Code: _____ Start Date: _____
	PM Bus# _____ Stop _____	Data Entry Date: _____ Initials of Person Entering Data: _____

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"/> 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"/> 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"/> 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"/> Can have Parent Portal Access (Email: @)		<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"/> Can have Parent Portal Access (Email: @)		<input type="checkbox"/> Is an Emergency Contact	

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, TitleIXCoordinator@amphi.com, or the Executive Director of Student Services, (520) 696-5230, studentservices@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)
- _____ 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
- _____ 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.

AMPHITHEATER SCHOOL DISTRICT HEALTH INFORMATION FORM

Student **Full Legal Name** _____ Sex _____ Grade _____ School Harelson
Last First Middle M/F

Resident Address _____

Mailing Address (if different) _____

Date of Birth ____/____/____ Place of Birth _____
City State County

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 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 _____
Name _____	Address _____	Phone _____

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** _____

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