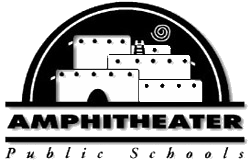
**Amphitheater Public Schools** - Student Registration Form

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| **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.

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| **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**  **M**  **F** |
| **Ethnicity:** | **Hispanic**  **Non-Hispanic** | | | **Race: (Check all that apply)** | | **Black / African American**  **White**  **Native Hawaiian / Pacific Islander**  **Asian**  **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** | | | | | | | | | | | | | | |
| **For High School** | | **Student**  **Email** | **@** | | | | | | | **Student**  **Phone** | **(****)** **-** | | | |

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| **Enrollment History** | | **Has this student ever attended school in Arizona before?** **Yes** **No**  **Has this student ever attended an Amphitheater school any time in the past?** **Yes** **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**  **English Language Development**  **Chronic Illness**  **Gifted/Accelerated (****Student was previously participated in accelerated classes/programs)**  **Other** **Note: Please submit all relevant documentation/records, including but not limited to 504 Plan, IEP, BIP, Chronic Illness, etc.** |

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| **Other Information (Check all that apply)** |
| **Active Military Dependent**  **Foster**  **DCS**  **Refugee Status**  **McKinney-Vento/Homeless**  **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** |
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| **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** **Day Care:**  **Other modes of transportation:**  **Walk**  **Bike**  **Parent Drop Off / Pick Up** **Student drives (HS only)** |

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| **Office Use Only** | **AM Bus#\_\_\_\_\_\_\_ Stop\_\_\_\_\_\_\_\_\_**  **PM Bus#\_\_\_\_\_\_\_ Stop\_\_\_\_\_\_\_\_\_** | **Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_ Entry Code:\_\_\_\_\_\_ Start Date:\_\_\_\_\_\_\_\_\_\_\_**  **Data Entry Date:\_\_\_\_\_\_\_\_\_\_\_ Initials of Person Entering Data:\_\_\_\_\_\_\_\_\_\_** |

**Student Name:**       **Grade:**

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| **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** | |
| **Cell Phone (     )       -** | | | | | **Home Phone (     )       -** | | | **Work Phone (     )       -** |
| **Address same as the student** | | **Address (if different than student):** **Apt.#** **City** **ST** **Zip** | | | | | | |
| **Email:       @** | | | | | | **Contact #1 Spoken Language** | | |
|  | **Agrees to be contacted electronically, including text messages, for educational items**  **(e.g., emails from teachers and principals, progress reports, messages from schools, etc.)** | | | | | | | |
|  | **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**](https://www.amphi.com/Domain/1053)**)** | | | | | | | |
| **Check all that apply:** | | | **Can pick up student**  **Lives with student**  **Is an Emergency Contact** | | | | | |
| **Receives Report Card**  **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** | |
| **Cell Phone (     )       -** | | | | | **Home Phone (     )       -** | | | **Work Phone (     )       -** |
| **Address same as the student** | | **Address (if different than student):        Apt.#       City       ST       Zip** | | | | | | |
| **Email:       @** | | | | | | **Contact #2 Spoken Language** | | |
|  | **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.)** | | | | | | | |
|  | **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**](https://www.amphi.com/Domain/1053)**)** | | | | | | | |
| **Check all that apply:** | | | **Can pick up student  Lives with student  Is an Emergency Contact** | | | | | |
| **Receives Report Card  Can have Parent Portal Access** | | | | | |

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| **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:** |

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| **Additional Contact #3** | | | | | |
| **Mother  Father  Foster Mother  Foster Father  Step-Mother  Step-Father  Guardian  Other:** | | | | | |
| **Last Name** | | **First Name** | | **#3 Spoken Language** | |
| **Cell Phone (     )       -** | | | **Home Phone (     )       -** | | **Work Phone (     )       -** |
| **Check all that apply:** | **Can pick up student** **Lives with student**  **Is an Emergency Contact**  **Can have Parent Portal Access (Email:       @      )** | | | | |
| **Additional Contact #4** | | | | | |
| **Mother  Father  Foster Mother  Foster Father  Step-Mother  Step-Father  Guardian  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Last Name** | | **First Name** | | **#4 Spoken Language** | |
| **Cell Phone (     )       -** | | | **Home Phone (     )       -** | | **Work Phone (     )       -** |
| **Check all that apply:** | **Can pick up student Lives with student  Is an Emergency Contact   Can have Parent Portal Access (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** |

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, or Kristin McGraw, Executive Director of Student Services, (520) 696-5230, [kmcgraw@amphi.com](mailto:kmcgraw@amphi.com).