



Kindergarten Registration Checklist for Painted Sky Elementary!

We are excited to have you here and look forward
to a great school year.

Student Last Name: _____ Student First Name: _____

Parent Signature: _____ Date: _____

Forms and Documents REQUIRED for Registration:

- Registration Checklist
- Student Registration Form (2 pages)
- Signature & Date on the 2nd page of the Registration Form (bottom left corner)*
- Residency Form
- Signature & Date on the Residency Form (bottom of the form)*
- Health Information Form
- Signature & Date on the Health Information Form (bottom of the form)*
- Primary Home Language Form
- Signature & Date on the Primary Home Language Form (bottom of the form)*
- McKinney-Vento Questionnaire
- Kindergarten Questionnaire
- Kindergarten Transportation Form
- Cell Phone Usage Agreement Form

The following are REQUIRED in order to register your Kindergarten student:

- Original Certified copy of Birth Certificate
- Current Immunization records
- Parents' Driver's License
- Proof of Residency (**Mandatory**) – *Valid driver's license, utility bill, tax, purchase agreement, mortgage, lease or rental agreement, pay stub, bank statement*

Additional Documents if Applicable:

- Custody Document Pending Custody
(Court Order/Decree/Custody Document/Court Hearing Date Document/Power of Attorney – Without the documents on file at school, we will be unable to enforce any custody issues.)
- IEP Evaluation Reports 504 Gifted
- Volunteer Information Form (Required to volunteer in the classroom)

Has the student ever attended another Amphi School? Yes No

If yes, which school was attended: _____ Grade or Year Attended: _____

Amphitheater Public Schools - Student Registration Form



School			
School Year		Entering Grade Level for Given School Year	

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

Legal Last Name		Legal 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		<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 (if different):				Apt.#	City	ST	Zip		
For High School		Student Email			@		Student Phone ()		-

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

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)					
<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		<input type="checkbox"/> Parent Portal email: _____	

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		<input type="checkbox"/> Parent Portal email: _____	

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



Transportation for Kindergarten Students

School Name: Painted Sky Elementary

Student's Name: _____ Student's ID Number: _____

Will your child be Half-Day or Full-Day Kinder? Half-Day Full-Day
Half-Day (M-F, 8:40am-11:30am) Full-Day (M,W,Th,F, 8:40am-3:15pm; T, 8:40am-1:15pm)

Home Address: _____ Zip Code: _____

Pick Up Address: _____ Zip Code: _____
(if different from home address)

Drop Off Address: _____ Zip Code: _____
(if different from home address)

Parent's Name: _____ Phone Number: _____

Parent's Name: _____ Phone Number: _____

Who will be meeting this student at the Bus Stop? Please list **ALL** persons authorized to meet the student at the Bus Stop: _____

Name of sibling(s) that rides the same bus home (if it applies): _____

Is sibling authorized to walk Kinder student home from the Bus Stop? Yes No

Office only - Email completed for to: Lisa Stickney (x 3782) at: lstickney@amphi.com

For Transportation Office use only:

Bus AM Number: _____ Pick-up Time: _____ Code: _____

Bus PM Number: _____ Drop Time: _____ Early-Out Bus: _____

Start Date: _____ Date School Notified: _____ Emailed: _____

ADMISSION OF RESIDENT STUDENTS
RESIDENCY DOCUMENTATION FORM
Amphitheater Unified School District

Student _____ School _____

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, Valid U.S. passport or motor vehicle registration

_____ 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 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



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 aprendizajes 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)

Please Print

AMPHITHEATER SCHOOL DISTRICT
HEALTH INFORMATION CARD
PAINTED SKY ELEMENTRY

Full Legal Name of Student (Last) (First) (Middle) (M/F) Sex Grade School

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:

Table with 5 columns: Name, Address (If different than above), Home #, Work #, Cell #. Rows include Father, Step-Father, Mother, Step-Mother, Guardian.

Brothers/Sisters:

Name Age School Name Age School (repeated three times)

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)

Name Address Phone(s)

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 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? No____
Yes ____ 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**

KINDERGARTEN QUESTIONNAIRE

This information will be given to the new classroom teacher for next year – it is not used for class placement.

Child's Name: _____ Nickname: _____

Parent/Guardian(s) name: _____

With whom is the child living? _____

Has there been a divorce, death or illness in the family which might affect your child? _____

Social Experiences:

Has your child attended a kindergarten program elsewhere? _____ If so, where? _____

Has your child attended a pre-school? _____ If so, where? _____

How many days per week? _____ How many hours per day? _____

Has your child attended daycare? _____ If so, for how long? _____

Does your child play quietly or actively? (Please check one)

Would you say your child is a leader or a follower? (Please check one)

How much television does your child watch daily? _____ hrs

Does your child enjoy books? _____ Does your child know how to handle a book properly? _____

Do you read to your child? _____ How often? _____

What are your child's favorite activities? _____

Development:

Is your child right or left handed? _____

Can your child dress him/herself? _____

Please check the following items that your child can do: Button _____

Tie shoes _____ Grip a pencil properly _____ Cut with scissors properly _____ Zip _____

What name do you want your child to write on his/her work? _____

What kind of difficulties do you have **most with** your child? _____

What would you say are your child's **strengths**? _____

What would you say are your child's **weaknesses**? _____

What are the things you want your child to get **most** out of kindergarten? _____

Is there anything you would like for me to know about your child that might help me get to know him/her better? _____

Does your child have any health problems or allergies? _____

Any other comments? _____

CELL PHONE USAGE AGREEMENT

I understand that Painted Sky Elementary School and their representatives are not responsible for the loss, theft or damage of personal cell phones that are brought to school. Cell phones are for emergency purposes only, before and after school. Cell phones will be confiscated if they are used or ring at any other time throughout the school day. Confiscated phones must be picked up by a parent or guardian.

If a student wishes to call their parent/guardian from the bus line or school bus they must first have permission from the staff member on duty.



Student Name: _____

Grade: _____

My child will ___ will not ___ be carrying a cell phone at school.

Child's cell phone number: (___) ___ - _____

Parent/Guardian: _____

Date: _____

Teacher: _____