



Returning Student 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 (4 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)*
- ☐ McKinney-Vento Questionnaire
- ☐ Student Questionnaire
- ☐ Transportation Form
- ☐ Cell Phone Usage Agreement Form
- ☐ Non-Release of Information Form

The following are required in order to register your student:

- ☐ Proof of Residency (**Mandatory**) – Attach ONE of the examples below:
*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.)

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"/> 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 (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.)

☐ Special Education ☐ 504 ☐ Speech ☐ English Language Development ☐ Gifted/Accelerated ☐ Chronic Illness ☐ Other _____
 Comments:

Other Information (Check all that apply)

☐ Active Military Dependent ☐ Foster ☐ DCS ☐ Refugee Status ☐ McKinney-Vento/Homeless ☐ 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: ☐ 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)

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: _____

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 () -
--------------------------	--------------------------	--------------------------

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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EXHIBIT

JFAA-EA

EXHIBIT

**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

Please Print

**AMPHITHEATER SCHOOL DISTRICT
HEALTH INFORMATION CARD
PAINTED SKY ELEMENTRY**

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

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 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**

1st _ 5th GRADE STUDENT QUESTIONNAIRE

(this form will be provided to next year's teacher)*

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:

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? _____

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

What are your child's favorite activities? _____

Development:

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

Is your child aware of dangers such as fire, electricity, traffic and strangers? _____

Does your child know your phone number? _____

Does your child know your address? . _____

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 school? _____

***This form is not used for class placement. It will be given to the teacher who your child is assigned to for next year. This will help their new teacher learn more about their incoming students.**

revised 1/29/2018

Date Entered: _____ By _____

EFFECTIVE DATE: _____

BEFORE/AFTER SCHOOL INSTRUCTIONS:

Please PRINT CLEARLY and return completed form to the classroom teacher.

PLEASE NOTE THAT BUS #'S AND ROUTES CHANGE YEARLY.

Please verify your bus stop at '<http://transportation2.amphi.com/elinkrp/Students/BasicTransBoundarySearch.aspx>'

STUDENT'S NAME: _____

TEACHERS NAME: _____

ARRIVAL:

_____ Bus # _____ Bus Stop Cross Streets _____

_____ Car drop-off

_____ PAL/ASAP

_____ Walker/Bike

_____ Daycare Provider (i.e. Children's World, La Petite, etc.) _____

DEPARTURE:

_____ Bus # _____ Bus Stop Cross Street _____

CONTACT PERSON & PHONE NUMBER IN CASE OF A LATE BUS: _____

_____ Car pick-up

_____ PAL/ASAP

_____ Walker/Bike

_____ Daycare Provider (i.e. Children's World, La Petite, etc.) _____

Amphitheater High School • Canyon del Oro High School • Ironwood Ridge High School
Amphitheater Middle School • Coronado K-8 School • Cross Middle School • La Cima Middle School • Wilson K-8 School
Copper Creek Elementary • Donaldson Elementary • Harelson Elementary • Holaway Elementary • Innovation Academy • Keeling Elementary
Mesa Verde Elementary • Nash Elementary • Painted Sky Elementary • Prince Elementary • Rio Vista Elementary • Walker Elementary • Rillito Center

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.

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: _____