

# 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"/> 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:		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 _____	
<b>Note:</b> 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: _____

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, 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: <a href="https://www.amphi.com/Domain/1053">https://www.amphi.com/Domain/1053</a> )				
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: <a href="https://www.amphi.com/Domain/1053">https://www.amphi.com/Domain/1053</a> )				
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
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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 Frances Araujo Lopez, Equity & Safety Compliance Officer and Title IX Coordinator, (520) 696-5164, farajulopez@amphi.com, or Kristin McGraw, Executive Director of Student Services, (520) 696-5230, kmcgraw@amphi.com.

# Copper Creek Elementary School

11620 N. Copper Spring Trail

Oro Valley, AZ 85737

Office: 520-696-6800 FAX 520- 696-6808

## STUDENT RECORDS REQUEST

### SECTION I: STUDENT INFORMATION

This form provides authorization to release educational records and/or information relating to the following student enrolling in our school.

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
Last First Middle

DATE OF BIRTH: \_\_\_\_\_ GENDER: ☐ MALE ☐ FEMALE

### SECTION II: INFORMATION TO BE RELEASED FROM PREVIOUS SCHOOL OF ATTENDANCE

Provide information for the last school of attendance. Year attended: (\_\_\_\_\_)

SCHOOL NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Street City State / Zip

### SECTION III: EDUCATIONAL RECORDS AND INFORMATION TO BE DISCLOSED

Educational records/information for disclosure: ☐ **ALL** records/information

- |  |  |
|--|--|
| <input type="checkbox"/> Official Withdrawal Form                          | <input type="checkbox"/> 504 Plan  |
| <input type="checkbox"/> Academic Records/Transcript of Credits and Grades | <input type="checkbox"/> Evaluations <input type="checkbox"/> Individual Educational Program (IEP) |
| <input type="checkbox"/> Achievement Test Scores                           | <input type="checkbox"/> Gifted/Talented Program Information                                       |
| <input type="checkbox"/> Discipline and Attendance History                 | <input type="checkbox"/> Limited English Proficient Records  |
| <input type="checkbox"/> Health and Immunization Records                   | <input type="checkbox"/> School CTDS # and SAIS # (if applicable)                                  |
| <input type="checkbox"/> Birth Record/Certified Certificate                | <input type="checkbox"/> Other Pertinent Information _____   |
| <input type="checkbox"/> Custody Documents (if applicable)                 | _____  |

### SECTION IV: RELEASE INFORMATION TO

#### Copper Creek Elementary

11620 N Copper Spring Trl

Oro Valley, AZ 85737

Attn: Registrar

Comment: \_\_\_\_\_

### SECTION V: SIGNATURE AND ACKNOWLEDGEMENT

I hereby grant permission for all confidential, medical, psychological and academic information be released to *Copper Creek Elementary* for educational purposes.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
RELATIONSHIP TO STUDENT

\_\_\_\_\_  
DATE

Requested by: Bethani Gregg, Copper Creek Elementary Registrar •520-696-6802• bgregg@amphi.com •

*For Office Use Only:*

Date Requested: \_\_\_\_\_ ☐ Fax ☐ Email ☐ Mail



**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.



## 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?**

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**2. What language does the student speak *most* of the time?**

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**3. What language did the student first speak or understand?**

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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 aprendices 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?

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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  
COPPER CREEK 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 Questionnaire**



This questionnaire is intended to address the McKinney-Vento Act, Title IX, Part A of the *Every Student Succeeds Act*. Answers to these questions will help determine services for which a student may be eligible. See the attached page for a description of the McKinney-Vento Act provisions.

**Information provided is confidential.**

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 your answer is "NO" to both of these questions, you may stop here. Thank you.  
Your housing situation does not qualify for McKinney-Vento services.**

If you answer "Yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children, but please provide a copy to each school.

**Please list ALL children in the home, regardless of whether or not they attend school.**

Name of Child	School	Grade	Address Where Student Slept Last Night	Phone Number

1. Where are these students presently living?

- ☐ Doubled up with relatives or friends
- ☐ In a transitional housing program - Name of Program: \_\_\_\_\_
- ☐ In a motel
- ☐ In a shelter
- ☐ In an unsheltered location (campground, car, public place, etc.)
- ☐ In a place that does not have windows, heat, running water, electricity or is overcrowded
- ☐ None of the above (please explain): \_\_\_\_\_

2. Do you also have pre-school children at home? Yes \_\_\_\_ No \_\_\_\_

3. A. Are you a high school student who is currently living on your own due to hardship? Yes \_\_\_\_ No \_\_\_\_  
B. Or, are you living with an adult who is not your legal guardian? Yes \_\_\_\_ No \_\_\_\_

4. Are there any pressing needs that could prevent the child(ren) from being successful in school? Yes \_ No \_

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Providing Information

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Relationship to student: Parent / Self / Caregiver / Legal guardian / Other: (please explain) \_\_\_\_\_





# AMPHITHEATER PUBLIC SCHOOLS

## McKinney-Vento Regulations



PLEASE RETAIN THIS DOCUMENT FOR YOUR RECORDS

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 who are living in transitional housing situations.

You may want to talk with the Amphitheater McKinney-Vento (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 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 legal guardian.

### **Children who qualify under McKinney-Vento law have the right to:**

- Attend the school they were attending when their family was forced to move to a temporary address because of economic or other 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 McKinney-Vento 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 in school immediately while people at school help family 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 student may be eligible under McKinney-Vento Homeless Assistance Act, please contact:**

Mary Beth Santillan  
McKinney-Vento Liaison  
Amphitheater Public Schools  
696-5061 or [mbsantillan@amphi.com](mailto:mbsantillan@amphi.com)