



Amphitheater Public Schools
Student Registration
STUDENT INFORMATION
Part 1 of 4

School Name _____

**THIS AREA
FOR OFFICE USE ONLY**

Student ID# _____
Grade _____ Bus Rider Y N
AM Bus # _____ Stop _____
PM Bus # _____ Stop _____
Data Entry Date _____ Entry Code _____
Initials of Person Entering Data _____

Student's LAST Name

Middle Name _____

Gender: M F Grade _____

Ethnicity: Hispanic Non-Hispanic

Date of Birth _____

Nickname _____

Former Name _____

Birth Place _____

What is the primary language used in the home regardless of the language spoken by the student?

What is the language most often spoken by the student?

What is the language that the student first acquired?

Preferred correspondence language?

Physical Address new address

House Number _____ Street Direction (N,S,E,W) _____

Street Name _____

Street Type (St, Ave, Dr, Pl) _____ Apt No. _____

Student's FIRST Name

Generation (Jr, III, IV, etc.) _____

Race: (check all that apply)

- Black / African American White
 Native Hawaiian/Pacific Islander Asian
 American Indian / Alaskan Native
Tribal Affiliation _____

Student E-mail _____ @ _____

Student Cell phone _____

State of Birth _____ Country of Birth _____

Birth Verification Attached Y N

City _____ State _____

County _____ Zip Code _____

Home Phone _____

STUDENT NAME _____

GRADE _____

Preferred Mailing Address (if different)

House Number _____ Street Direction (N,S,E,W) _____ PO Box _____

Street Name _____ City _____ State _____

Street Type (St, Ave, Dr, Pl) _____ Apt No. _____ County _____ Zip Code _____

Transportation

- Open Enrollment Student
- Bus Walk Parent Pick-up
- Day Care _____
- Other _____
- Other _____

Was Your Student in a Special Program?

- Special Education Y N Gifted Y N
- Speech Y N 504 Y N
- English Language Learning Y N

Last School Attended _____

Last District Attended _____

City _____ State _____

Other Children Under 18 Living at This Address

Name _____ Date of Birth _____ School Attending _____

Name _____ Date of Birth _____ School Attending _____

Name _____ Date of Birth _____ School Attending _____

Name _____ Date of Birth _____ School Attending _____

Name _____ Date of Birth _____ School Attending _____

Name _____ Date of Birth _____ School Attending _____

***I VERIFY ALL OF THE INFORMATION
ON THIS FORM IS ACCURATE***

Enrolling Parent/Guardian Printed Name

Enrolling Parent/Guardian Signature Date

Contact # 1 is the student's:

- Father Mother Foster Father Foster Mother Step-Father Step-Mother
 Guardian Other _____

Last Name _____ First Name _____

Middle Name _____ Street Address _____

Employer _____ City _____ Zip Code _____

Work Phone _____ Home Phone _____ Cell Phone _____ Home Language _____

Contact electronically Contact Email _____ @ _____

This contact:

- Is primary contact Lives with student
 CAN pick up student
 HAS parent portal access
 Receives report card

This contact is **RESTRICTED** No contact with student

Emergency contact? Y N

Restraining Order against Father Mother Other _____

Contact # 2 is the student's:

- Father Mother Foster Father Foster Mother Step-Father Step-Mother
 Guardian Other _____

Last Name _____ First Name _____

Middle Name _____ Street Address _____

Employer _____ City _____ Zip Code _____

Work Phone _____ Home Phone _____ Cell Phone _____ Home Language _____

Contact electronically Contact Email _____ @ _____

This contact:

- Is primary contact Lives with student
 CAN pick up student
 HAS parent portal access
 Receives report card

This contact is **RESTRICTED** No contact with student

Emergency contact? Y N

Restraining Order against Father Mother Other _____

Contact # 3 is the student's:

- Father Mother Foster Father Foster Mother Step-Father Step-Mother
 Guardian Other _____

Last Name _____ First Name _____

Middle Name _____ Street Address _____

Employer _____ City _____ Zip Code _____

Work Phone _____ Home Phone _____ Cell Phone _____ Home Language _____

Contact electronically Contact Email _____ @ _____

This contact:

- Is primary contact Lives with student

CAN pick up student

HAS parent portal access

Receives report card

This contact is **RESTRICTED** No contact with student

Emergency contact? Y N

Restraining Order against Father Mother Other _____

Contact # 4 is the student's:

- Father Mother Foster Father Foster Mother Step-Father Step-Mother
 Guardian Other _____

Last Name _____ First Name _____

Middle Name _____ Street Address _____

Employer _____ City _____ Zip Code _____

Work Phone _____ Home Phone _____ Cell Phone _____ Home Language _____

Contact electronically Contact Email _____ @ _____

This contact:

- Is primary contact Lives with student

CAN pick up student

HAS parent portal access

Receives report card

This contact is **RESTRICTED** No contact with student

Emergency contact? Y N

Restraining Order against Father Mother Other _____