

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.)
<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