



Amphitheater Public Schools  
Student Registration  
**STUDENT INFORMATION**  
Part 1 of 4

School Name:  
Innovation Academy  
K-5 STEM School

**THIS AREA  
FOR OFFICE USE ONLY**

Student ID # \_\_\_\_\_ Grade \_\_\_\_\_ Bus Rider  Yes  No  
AM Bus # \_\_\_\_\_ Stop \_\_\_\_\_  
PM Bus # \_\_\_\_\_ Stop \_\_\_\_\_  
Data Entry Date \_\_\_\_\_ Entry Code \_\_\_\_\_ Initials of Person Entering Data \_\_\_\_\_

**Student's LAST Name**

**Student's FIRST Name**

\_\_\_\_\_

\_\_\_\_\_

Middle Name \_\_\_\_\_

Generation (Jr. III, IV, etc.) \_\_\_\_\_

Gender:  M  F Grade \_\_\_\_\_

Race: (check all that apply)

Black / African American  White

Native Hawaiian/Pacific Islander  Asian

Ethnicity:  Hispanic  Non-Hispanic

American Indian / Alaskan Native

Tribal Affiliation \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student E-mail \_\_\_\_\_ @ \_\_\_\_\_

Nickname \_\_\_\_\_

Student Cell phone \_\_\_\_\_

Former Name \_\_\_\_\_

State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Birth Place \_\_\_\_\_

Birth Verification Attached  Y  N

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) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Street Name \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

STUDENT NAME \_\_\_\_\_

GRADE \_\_\_\_\_

**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 \_\_\_\_\_

**JFAA-EA**

**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

## 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](mailto:mbsantillan@amphi.com)**

## 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 \_\_\_\_ If "yes", please explain: \_\_\_\_\_

Name of School: \_\_\_\_\_



State of Arizona  
Department of Education  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**

(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c)

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the primary language used in the home regardless of the language spoken by the student?** \_\_\_\_\_
2. **What is the language most often spoken by the student?** \_\_\_\_\_
3. **What is the language that the student first acquired?** \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter: Amphitheater Public Schools

School: \_\_\_\_\_

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact.

In SAIS, please indicate the student's home or primary language.

Copy: office, Language Acquisition Office, ELD teacher



PLEASE PRINT

AMPHITHEATER SCHOOL DISTRICT
HEALTH INFORMATION CARD

Full Legal Name of Student (Last) (First) (Middle) M F Gender 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 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

Revised 5/08

(PLEASE COMPLETE REVERSE SIDE)

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.

Parent/Guardian Signature Date

(Signature verifies that all of the information on this card is accurate.)