



New to Amphitheater Registration Checklist

Innovation Academy
825 W. Desert Fairways Dr.
Oro Valley, AZ 85755
520.269.4610

Student Name: _____

Previous school attended _____ City, State _____

Grade 2022/2023 school year _____ Grade 2023/2024 school year _____

Forms to Complete

- ☐ Student Registration – **MUST** be signed by parent/guardian
- ☐ Primary Home Language Form – **MUST** be signed by parent/guardian
- ☐ Student Records Request – **MUST** be signed by parent/guardian
- ☐ Proof of AZ Residency
- ☐ McKinney-Vento Eligibility Questionnaire
- ☐ Health Information Form – **MUST** be signed by parent/guardian

Other Required Paperwork

- ☐ Copy of Birth Certificate
- ☐ Immunization Record
- ☐ **Due between 3/20-3/31** - Attendance Record from Previous School
- ☐ **Due between 3/20-3/31** - Discipline Record from Previous School (if no discipline events, this must be indicated on school letterhead and signed by an administrator.)

Other Documents - If Applicable

- ☐ Custody documentation / Pending Custody / Court Order
- ☐ IEP Paperwork
- ☐ Evaluation Reports
- ☐ 504 Paperwork
- ☐ Gifted Paperwork

Has this student ever attended another Amphitheater Public School? YES NO

School: _____ Grade or Year attended _____

I understand that open enrollment status may be revoked due to excessive tardiness or absences. Further, excessive violations to the District's Code of Conduct may result in the revocation of open enrollment status.

Parent Name: _____ Date: _____

Signature: _____

**Office Use
Only**

- ☐ Open Enrollment (New-1st yr)
In-district _____ Out-of-district _____
- ☐ AZDES-CPS (Notice to Provider)
Group Home _____

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
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"/> 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 _____
Note: 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																
<table border="1"> <thead> <tr> <th>Name (Last Name, First Name)</th> <th>Date of Birth</th> <th>School</th> <th>Grade</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name (Last Name, First Name)	Date of Birth	School	Grade												
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, 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: https://www.amphi.com/Domain/1053)				
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

<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: https://www.amphi.com/Domain/1053)				
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? <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"/> Can have Parent Portal Access (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"/> Can have Parent Portal Access (Email: _____ @ _____)			

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 the Equity & Safety Compliance Officer and Title IX Coordinator, (520) 696-5164, or Kristin McGraw, Executive Director of Student Services, (520) 696-5230, kmcgraw@amphi.com.



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?

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

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

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

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)



Student Records Request

Innovation Academy
K-5 STEM School
825 W. Desert Fairways Dr.
Oro Valley, AZ 85755

☐ Faxed

☐ Mailed

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 to request student records from the last school of attendance. Year attended: _____

SCHOOL NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____
Street City, ST Zip

SECTION III: Description of Educational Records and Information to be Disclosed

Educational records/information for disclosure

- | | |
|--|---|
| <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"/> Achievement Test Scores (AIMS, AZMerit, etc.) | <input type="checkbox"/> Individual Educational Program (IEP) |
| <input type="checkbox"/> Discipline and Attendance History | <input type="checkbox"/> Gifted/Talented Program Records |
| <input type="checkbox"/> Health and Immunization Records | <input type="checkbox"/> Limited English Proficient Records |
| <input type="checkbox"/> Birth Record/Certified Certificate | <input type="checkbox"/> School CTDS # and SAIS # (if applicable) |
| <input type="checkbox"/> Custody Documents (if applicable) | <input type="checkbox"/> Other Pertinent Information _____ |

SECTION IV: Release Information To

To disclose educational records/information for the student referenced in SECTION I, please fax or mail to:

*Office Use Date Requested ____/____/____

Innovation Academy – K-5 STEM School

To fax: 520.269.4620

835 W. Desert Fairways Drive

Oro Valley, AZ 85755

☐ Registrar ☐ Nurse ☐ Special Ed. Dept.

Comment: _____

SECTION V: Signature and Acknowledgement

I hereby grant permission for all confidential, medical, psychological and academic information be released to Innovation Academy for educational purposes.

Parent/Guardian Signature

Relationship to Student

Date

Return to Innovation Academy – Registrar

You only need to provide ONE item from the list below.



**Arizona Department of Education
Arizona Residency Documentation Form**

Student _____ School _____

School District or Charter Holder _____

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)

- _____ 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.

Amphitheater Public Schools McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of the 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 : _____

Today's 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 at school? YES___ NO___
If yes, please explain: _____

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 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 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 at 520.696.5061 or mbsantilan@amphi.com

**AMPHITHEATER SCHOOL DISTRICT
HEALTH INFORMATION FORM**

Student **Full Legal Name** _____ Sex _____ Grade _____ School Innovation Academy
Last First Middle M/F

Resident Address _____

Mailing Address (if different) _____

Date of Birth ____/____/____ Place of Birth _____
City State County

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 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 _____

Name _____ Address _____ Phone _____

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** _____

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