



New to Amphi Registration Checklist

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

Student Name: _____

Previous school attended _____ City, State _____

Grade 2018/2019 school year _____ Grade 2019/2020 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
- McKinney-Vento Eligibility Questionnaire
- Health Information Form – **MUST** be signed by parent/guardian

Other Required Paperwork

- Copy of Birth Certificate
- Immunization Record
- Attendance Record from Previous School
- 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 Student Conduct may result in the revocation of open enrollment status.

Parent Name: _____ Date: _____

Signature: _____

Office Use Only	<input type="checkbox"/> Open Enrollment (New-1 st yr)	In-district _____	Out-of-district _____
	<input type="checkbox"/> AZDES-CPS (Notice to Provider)	Group Home _____	

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"/> American Indian / Alaskan Native	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Asian 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 () -		

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

What is the primary language used in the home regardless of the language spoken by the student?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____
What is the language most often spoken by the student?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____
What is the language that the student first acquired?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____
Parent/Guardian preferred correspondence language?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____

Enrollment History

Has this student ever attended school in Arizona before? Yes No

Has this student ever attended an Amphitheater school any time in the past? Yes No

Last school attended: _____ Public Charter Private Homeschool

Year	Grade Level	District	City	State
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Special Programs, Accommodations or Services (Check all that apply past or present and provide paperwork.)

Special Education 504 Speech English Language Development Gifted/Accelerated Chronic Illness Other _____

Comments: _____

Other Information (Check all that apply)

Active Military Dependent Foster DCS Refugee Status McKinney-Vento/Homeless 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: To AND From School To School Only From School Only

Other modes of transportation: Walk Bike Parent Drop Off / Pick Up Day Care: _____

Office Use Only

AM Bus# _____ Stop _____
PM Bus# _____ Stop _____

Student ID: _____ Entry Code: _____
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)

Mother Father Foster Mother Foster Father Step-Mother Step-Father Guardian 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

Mother Father Foster Mother Foster Father Step-Mother Step-Father Guardian 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? Contact #1 Contact #2 (Check both if applicable.)

Is there a joint custody or parenting plan in effect? Yes No (If yes, plan must be on file with the school.)

Is this student in care of a guardian? Yes No (If yes, legal guardianship records must be on file with the school.)

Is there a restraining order in effect? Yes No Against: Mother Father Other (Papers must be on file with school.)

Additional Information:

Additional Contact #3

Mother Father Foster Mother Foster Father Step-Mother Step-Father Guardian 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

Additional Contact #4

Mother Father Foster Mother Foster Father Step-Mother Step-Father Guardian 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

I VERIFY ALL OF THE INFORMATION ON THIS FORM IS ACCURATE

Enrolling Parent/Guardian Printed Name	Enrolling Parent/Guardian Signature	Date



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 _____

School _____

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

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

W9042

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas

Place original in CUM file. If one or more of the 3 questions indicate a language other than English, place a two-sided copy in the ELL file and send another copy to the English Language Acquisition Office.



Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. ¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante? _____
2. ¿Cuál idioma habla el estudiante con mayor frecuencia? _____
3. ¿Cuál fue el primer idioma que aprendió el estudiante? _____

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de SAIS _____

Firma del padre o tutor _____ Fecha _____

Distrito o Charter _____

Escuela _____

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

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

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas

Place original in CUM file. If one or more of the 3 questions indicate a language other than English, place a two-sided copy in the ELL file and send another copy to the English Language Acquisition Office.



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

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**

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 Anna Maiden, Equal Opportunity & Compliance Director, (520) 696-5164, amaiden@amphi.com, or Kristin McGraw, Executive Director of Student Services, (520) 696-5230, kmcgraw@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 ____ Please explain: _____

PLEASE PRINT

AMPHITHEATER SCHOOL DISTRICT
HEALTH INFORMATION CARD

TEACHER'S NAME _____

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 CHECK THE FOLLOWING ITEMS, IF THEY PERTAIN TO YOUR STUDENT:

- ADHD/ADD Allergies/drug Allergies/food 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.)

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