

# Amphitheater High School

*Home of the Panthers*

## Required Documents for Enrollment

- \_\_\_\_ Withdrawal Form and Official Transcripts from last high school attended
- OR**
- \_\_\_\_ Proof of 8<sup>th</sup> grade completion ONLY for incoming 9<sup>th</sup> graders
- \_\_\_\_ Immunization Record
- \_\_\_\_ Copy of Birth Certificate
- \_\_\_\_ Proof of Residence – any item listed on the Arizona Residency Form (enclosed)  
(If you reside outside our school's boundaries, please inquire about Open Enrollment)

Note: Students not residing with parents will need to provide Court Issued Guardianship Papers or a Temporary Power of Attorney delegating a responsible party permission to enroll their child in school.

## The Packet – Complete Fully

1. Student Registration Form – Complete back and front, designate which contacts can pick up your student and emergency contacts. Indicate any need for special services.
2. Health Information Card – Indicate any medical needs or concerns.
3. AHS Compact – Our shared commitment to education, please review with your child.
4. Off Campus Permission – Allows your child to leave campus for lunch if they have fulfilled requirements. For 11<sup>th</sup> and 12<sup>th</sup> graders **only**.
5. Arizona Residency Documentation Form – Please check the box for the (1) item you intend to use as verification of residency in Arizona, only one is needed.
6. McKinney-Vento – Helps determine if McKinney-Vento can help you in your circumstances.
7. PHLOTE – Responses determine whether a student will be tested for English Language Proficiency.

## Registration Process – What's next?

Once you have submitted all of the required documents, and completed a registration packet the enrollment process is as follows:

- Nurse reviews immunization record and completes eye test.
- If no testing is needed, student will be entered into the system and will be scheduled an appointment to meet with a counselor to build their schedule
- After meeting a counselor for their schedule, student will obtain books and ID card from the bookstore, and start classes the same day.



# Amphitheater Public Schools - Student Registration Form



School	Amphitheater High 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 _____	
<b>Note:</b> 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			
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 _____	Student ID: _____ Entry Code: _____ Start Date: _____
		PM Bus# _____ Stop _____	Data Entry Date: _____ Initials of Person Entering Data: _____



**Student Name:\_\_\_\_\_ Grade: \_\_\_\_\_**

<b>Parent/Guardian Contact #1</b> (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	
Agrees to be contacted electronically, including text messages, for educational items (e.g., emails from teachers and principals, progress reports, messages from schools, etc.)						
I would like to receive a printed copy of Amphitheater Code of Conduct (Amphitheater Code of Conduct is accessible via the following link: <a href="https://www.amphi.com/Domain/1053">https://www.amphi.com/Domain/1053</a> )						
Check all that apply:		Can pick up student		Lives with student	Is an Emergency Contact	
		Receives Report Card		Can have Parent Portal Access		
<b>Parent/Guardian Contact #2</b>						
<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.)						
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: <a href="https://www.amphi.com/Domain/1053">https://www.amphi.com/Domain/1053</a> )						
Check all that apply:		Can pick up student		Lives with student	Is an Emergency Contact	
		Receives Report Card		Can have Parent Portal Access		

Who has legal custody of the child? ☐ Contact #1 ☐ Contact #2 (Check both if applicable.)

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

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

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

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Additional Information:

<b>Additional Contact #3</b>			
<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:     @     )	
<b>Additional Contact #4</b>			
<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:     @     )	
<b>I VERIFY ALL OF THE INFORMATION ON THIS FORM IS ACCURATE</b>			
Enrolling Parent/Guardian Printed Name		Enrolling Parent/Guardian Signature	
		Date	



PLEASE PRINT

AMPHITHEATER SCHOOL DISTRICT  
HEALTH INFORMATION CARD

M

Full Legal Name of Student \_\_\_\_\_ Sex **F** Grade \_\_\_\_\_ School \_\_\_\_\_  
(Last) (First) (Middle)

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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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) \_\_\_\_\_ Can pick up

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone(s) \_\_\_\_\_ Can pick up

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.)

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.







# The Amphi Way School Compact



*An Integral Part of the Amphitheater High School Community*

*All members of the Amphitheater High School community have the responsibility to promote the Amphi Way and create a **RESPECTful** learning environment.*

The Amphi Community includes:

Students  
Staff Members  
Parents & Guardians  
Guests to the School  
The School Campus

## The Amphi Way

**R**esponsibility

**E**mpathy

**S**elf-Control

**P**romptness

**E**fficacy

**C**ourtesy

**T**rustworthiness

**TEACHERS & STAFF have a responsibility to:**

- **Demonstrate a personal enthusiasm** for teaching and learning, and a genuine concern for the individual student.
- **Plan** interesting, challenging, and rewarding experiences for students each day.
- **Guide learning activities** so students learn to think and reason, assume responsibility for their actions, and respect the right of others.
- **Recognize and accept primary responsibility** for student discipline. Each teacher has primary responsibility and authority for student conduct.
- **Be fair, firm, and consistent** in enforcing school rules in classrooms, hallways, rest rooms, school buses, on the school campus, and at all school-sponsored activities.
- **Expect** from students respectful responses to directions and corrections.
- **Give positive reinforcement** for acceptable behavior.
- **Demonstrate, by word and personal example,** respect for law and order, and self-discipline.
- **Refer to a counselor or administrator** any student whose behavior requires special attention.
- **Inform parents** regarding student achievement, behavior, and attendance by responding to e-mails and phone calls, completing report cards/progress reports, and attending parent/teacher conferences.

Teacher & Staff Signature \_\_\_\_\_

A.J. Malis, Principal

**STUDENTS have the responsibility to:**

- **Attend school regularly and punctually.** Excuses for absences must be in writing or otherwise confirmed by a parent or guardian. Absences are excused for illness and emergencies beyond student control. Absences for appointments, family trips, or school activities must be prearranged. All other absences are “unexcused.”
- **Dress appropriately** according to the AHS Dress Code, and in a fashion that will not disrupt classroom procedures.
- **Respect the authority of teachers, principals, and other school staff** whose job is to enforce the Student Code of Conduct.
- **Be self-controlled, and non-disruptive** in classrooms, hallways, study areas, school buses, on school property, and at school activities.
- **Be reasonable, self-controlled, and considerate** in your relationships with other students.
- **Strive for mutually respectful relationships** with teachers and other staff members.
- **Keep language and gestures respectful**, and free of profanity or obscenities.
- **Respect private and public property.**
- **Take responsibility for your actions.**

Student Signature \_\_\_\_\_

**PARENTS & GUARDIANS have a responsibility to:**

- **Guide your child** to develop socially acceptable standards of behavior, to exercise self-control, and to be responsible for his/her actions.
- **Know and understand the rules** your student is expected to observe at school according to the Student Code of Conduct; be aware of the consequences for violations of these rules, and accept responsibility for your student’s actions.
- **Cooperate with school staff** in carrying out appropriate disciplinary penalties when such action is necessary.
- **Send your child to school**, as required by Arizona Law 22.1-254, to make certain your child’s attendance at school is regular and punctual, and all absences are properly excused.
- **Encourage your child to dress in compliance with the AHS Dress Code.**  
and in a fashion that will not disrupt classroom procedures.
- **Teach your child, by word and example**, respect for law, for the authority of the school, and for the rights and property of others.
- **Instill in your child a desire to learn**, by encouraging a respect for honest work, and an interest in exploring broader fields of knowledge.
- **Become acquainted with your child’s school** including its staff, curriculum, and activities.  
Attend parent-teacher conferences and school functions.
- **Communicate** your concerns to school staff.

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



# Amphitheater High School

## "Off Campus Lunch" Permission Form

Leaving campus at lunch is considered a privilege to be enjoyed by responsible Junior and Senior students who meet certain criteria. Students and parents must remember that all aspects of the **Student Code of Conduct** apply even when a student is off campus at lunch.

Students must have parent/guardian permission to leave at lunch. A parent signature on this "Off Campus Lunch" Permission Form constitutes the parent/guardian's permission for the student to leave at lunch. Parents of Junior and Senior students who have signed the "Off Campus Lunch" Permission Form do not need to contact the Attendance Office every time their student leaves campus at lunch, unlike other times when a student leaves campus during the school day.

To receive and use "Off Campus" lunch privileges, students must meet all of the following criteria:

- ☐ Have the "Off Campus Lunch" Permission Form signed by both the student and parent/guardian on file in the AHS office.
- ☐ Have 12 credits if a Junior; 17 credits if a Senior.
- ☐ Present the "Off Campus" ID to security when leaving at lunch. If the student does not have their "Off Campus" ID, the student may NOT leave campus. No exceptions.

"Off Campus lunch" privileges may be temporarily or permanently revoked for any of the following reasons; absences, tardies, if the student leaves campus at any time other than lunch without signing out in the attendance office, or violates any provision of the Amphitheater School District's **Student Code of Conduct**.

If "Off Campus Lunch" privileges are revoked, the student must surrender the Off Campus ID will be issued a new ID.

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

Student \_\_\_\_\_  
Print Name ID Number Signature

Office use only:

Off Campus Privileges Granted: \_\_\_\_\_ Date: \_\_\_\_\_

Off Campus Privileges Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_



EXHIBIT

JFAA-EA

EXHIBIT

**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





AMPHITHEATER PUBLIC SCHOOLS  
**McKinney-Vento Questionnaire**



This questionnaire is intended to address the McKinney-Vento Act, Title IX, Part A of the *Every Student Succeeds Act*. Answers to these questions will help determine services for which a student may be eligible. See the attached page for a description of the McKinney-Vento Act provisions.

**Information provided is confidential.**

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 your answer is "NO" to both of these questions, you may stop here. Thank you.  
Your housing situation does not qualify for McKinney-Vento services.**

If you answer "Yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children, but please provide a copy to each school.

**Please list ALL children in the home, regardless of whether or not they attend school.**

Name of Child	School	Grade	Address Where Student Slept Last Night	Phone Number

1. Where are these students presently living?

- ☐ Doubled up with relatives or friends
- ☐ In a transitional housing program - Name of Program: \_\_\_\_\_
- ☐ In a motel
- ☐ In a shelter
- ☐ In an unsheltered location (campground, car, public place, etc.)
- ☐ In a place that does not have windows, heat, running water, electricity or is overcrowded
- ☐ None of the above (please explain): \_\_\_\_\_

2. Do you also have pre-school children at home? Yes \_\_\_\_ No \_\_\_\_

3. A. Are you a high school student who is currently living on your own due to hardship? Yes \_\_\_\_ No \_\_\_\_  
B. Or, are you living with an adult who is not your legal guardian? Yes \_\_\_\_ No \_\_\_\_

4. Are there any pressing needs that could prevent the child(ren) from being successful in school? Yes \_ No \_

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Providing Information

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Relationship to student: Parent / Self / Caregiver / Legal guardian / Other: (please explain) \_\_\_\_\_



## AMPHITHEATER PUBLIC SCHOOLS **McKinney-Vento Regulations**



PLEASE RETAIN THIS DOCUMENT FOR YOUR RECORDS

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 who are living in transitional housing situations.

You may want to talk with the Amphitheater McKinney-Vento (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 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 legal guardian.

### **Children who qualify under McKinney-Vento law have the right to:**

- Attend the school they were attending when their family was forced to move to a temporary address because of economic or other 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 McKinney-Vento 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 in school immediately while people at school help family 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 student may be eligible under McKinney-Vento Homeless Assistance Act, please contact:**

Mary Beth Santillan  
McKinney-Vento Liaison  
Amphitheater Public Schools  
696-5061 or [mbsantillan@amphi.com](mailto:mbsantillan@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)