

# WILSON K-8 SCHOOL

## Acknowledgement / Registration Checklist

**IMPORTANT:** To effectively maintain accurate **contact information** (i.e. address, phone numbers) for Returning students, please review current information on file in Parent Portal under “Personal Details” and indicate below if changes are necessary for this year. **Please attach ONE Proof of Residency** (i.e. utility bill, lease) to the Residency Form **EVERY YEAR** when submitting the registration packet.

### **RETURNING STUDENTS** - Check YES/indicate change or NO change

- Yes changes to:     address     phone #     email     contacts  
 No changes to information

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_ || Next Year’s Grade: \_\_\_\_

Parent Signature (*required*): \_\_\_\_\_ Date: \_\_\_\_\_

### Check below items provided to registrar

REGISTRATION PACKET CHECKLIST	
<b>FORMS and DOCUMENTS Required for Registration</b>	
<input type="checkbox"/> <b>YES RETURNING STUDENT</b> Packet Submit the forms below	<input type="checkbox"/> <b>YES NEW STUDENT</b> Packet Submit the documents / forms below
<b>Forms</b>	<b>Documents</b>
<input type="checkbox"/> Acknowledgement/Registration Checklist	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Student Registration	<input type="checkbox"/> Immunization Records (*see Nurse)
<input type="checkbox"/> Residency Form	<input type="checkbox"/> Withdrawal Form (prior school)
<input type="checkbox"/> Proof of Residency <u>document</u> <b>(Mandatory)</b> attach <u>ONE</u> of the following examples: <i>utility bill, tax, deed, pay stub, insurance, bank statement, purchase agreement, mortgage, lease or rental agreement</i>	<input type="checkbox"/> Report card/Grades
<input type="checkbox"/> Elective Selection Form (not included-revising)	<input type="checkbox"/> Proof of Residency <u>document</u> <b>(Mandatory)</b> attach <u>ONE</u> of the following examples: <i>utility bill, tax, deed, pay stub, insurance, bank statement, purchase agreement, mortgage, lease or rental agreement</i>
<input type="checkbox"/> Primary Home Language Survey	<b>Forms</b>
<input type="checkbox"/> Cell Phone Agreement (5-8 only)	<input type="checkbox"/> Acknowledgement/Registration Checklist
<input type="checkbox"/> PTO Form-Communication	<input type="checkbox"/> Student Registration
<input type="checkbox"/> McKinney-Vento Questionnaire	<input type="checkbox"/> Residency Form
<input type="checkbox"/> Locker/ID Agreement	<input type="checkbox"/> Elective Selection Form (not included-revising)
	<input type="checkbox"/> Primary Home Language Survey
	<input type="checkbox"/> Sex Ed Form (5-8 only)
	<input type="checkbox"/> Cell Phone Agreement (5-8 only)
	<input type="checkbox"/> PTO Form-Communication
	<input type="checkbox"/> McKinney –Vento Questionnaire
	<input type="checkbox"/> Student Records Request
	<input type="checkbox"/> Locker/ID Agreement
Revised 02/2018	

# 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	(    )	-

<b>Enrollment History</b>	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

<b>Special Programs, Accommodations or Services</b> (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:

<b>Other Information</b> (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

<b>Transportation</b> (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)

<b>Office Use Only</b>	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

WILSON K-8 PROOF OF RESIDENCY FORM

Amphitheater Unified School District

Name \_\_\_\_\_ Wilson K-8

Parent/Legal Guardian \_\_\_\_\_

As a 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:

- Real Estate deed or mortgage documents signed by all parties
- Current Gas, electric or water bill.
- Residential lease or rental agreement signed by all parties
- Property tax bill
- 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



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 \_\_\_\_\_ District \_\_\_\_\_  
Student ID \_\_\_\_\_

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

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

District or Charter Amphitheater Public Schools

School Richard B Wilson K-8 School

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

In AzEDS, please indicate the student’s home or primary language. (Revised 01-2019)



State of Arizona  
Department of Education



Office of English Language Acquisition Services

**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 \_\_\_\_\_ Distrito  
Núm. de identificación \_\_\_\_\_

Fecha de nacimiento \_\_\_\_\_ SSID \_\_\_\_\_

Firma del padre o tutor \_\_\_\_\_ Fecha \_\_\_\_\_

Distrito o Charter Amphitheater Public Schools

Escuela Richard B Wilson K-8 School

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

In AzEDS, please indicate the student’s home or primary language. (Revised 01-2019)

# Communication

This form is to ensure that your family will receive communication via email from the Wilson office, administration, and PTO. Emails are sent out weekly (Notes Home) with all the most up to date information about what is going on around the school and community.

**We only need ONE form per family!**

Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

There are times when we want to send separate emails to either Middle School or Elementary School so please mark where your children are attending, if attending both, please mark both.

- I have children in Middle School
- I have children in Elementary School

## Volunteering at Wilson

There are many opportunities to volunteer at Wilson. Please choose all the opportunities you would be interested in volunteering for!

- Round Up/Chili Cook Off
- Silent Auction
- Father/Daughter Dance
- Spring Festival
- 8<sup>th</sup> Promotion Activities
- STEM Night
- Mother/Son Event
- Trunk or Treat
- Book Fair

# CELL PHONE AGREEMENT

I understand that Wilson K-8 School and representatives are not responsible for loss or theft of personal cell phones that are brought to school. Cell phones are for **emergency purposes** only, before and after school and must be kept in your backpack and/or locker at all times. They will be confiscated if used or ring at any other time throughout the school day and must be picked up by a parent or guardian.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

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

My child **will not** be carrying a cell phone to school.

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



## 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?  
Yes \_\_\_ No \_\_\_  
Please explain: \_\_\_\_\_

## 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)**

# Wilson K-8 School

2330 W Glover Rd  
Tucson, AZ 85742  
520.696.5800 (office)  
520.696.5900 (Fax)

## STUDENT RECORDS REQUEST

*New Student Registration*

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:  Female  Male

### 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 State / Zip

### SECTION III: DESCRIPTION OF EDUCATIONAL RECORDS AND INFORMATION TO BE DISCLOSED

Educational records/information for disclosure  ALL records/information

- |  |  |
|--|--|
| <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"/> Individual Educational Program (IEP) |
| <input type="checkbox"/> Achievement Test Scores (AIMS)                    | <input type="checkbox"/> Gifted/Talented Program Information                                       |
| <input type="checkbox"/> Discipline and Attendance history                 | <input type="checkbox"/> Limited English Proficient Records  |
| <input type="checkbox"/> Health and Immunization Records (colored folder)  | <input type="checkbox"/> School CTDS # and SAIS # (if applicable)                                  |
| <input type="checkbox"/> Birth Record/certified certificate                | <input type="checkbox"/> Other Pertinent Information _____   |
| <input type="checkbox"/> Custody Documents (if applicable)                 |  |

### SECTION IV: RELEASE INFORMATION TO

\*Office Use Date Requested \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Wilson K-8 School, 2330 W Glover Rd, Tucson AZ 85742  Return by Fax 520.696.5900

Attn:  Registrar  Nurse  Special Education Dept

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION V: SIGNATURE AND ACKNOWLEDGEMENT

I hereby grant permission for all confidential, medical, psychological and academic information be released to *Wilson K-8* for educational purposes.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
RELATIONSHIP TO STUDENT

\_\_\_\_\_  
DATE

Pam Groff, School Registrar

pgroff@amphi.com

## LOCKER/ID AGREEMENT

Welcome to Wilson K-8 School. As a Middle School student each child will be issued the use of a locker which will come with responsibilities. So that each student understands the usage requirements; please review with your child the following expectations.

### LOCKERS

- Each student is issued *one* locker for the duration of the school year. The combination is given *only* to the student with exception of an office administrator. The combinations are changed yearly.
- “DO NOT” share the locker or the combination with others for security purposes.
- Lockers can be pre-set so as to turn to one number to open. This practice means anyone can turn the combination and enter the locker. When finished with your locker, be sure to turn your lock several times to reset the numbers to avoid loss of locker contents.
- **NOTE:** *Unless your locker shows forced entry, the student is responsible for the contents.* Books that are destroyed/lost are the responsibility of the student and parents will be expected to reimburse the school for those items.
- Lockers are to be used appropriately. Only items necessary for school should be stored inside.
- Do not apply any items to the outside of the locker such as stickers because removal could cause damage requiring repair.

### ID CARDS/LANYARDS

- Identification cards and lanyards are required of all students and should be worn visibly at all times when on campus.
- ID cards are to remain in their original size and should not be defaced (writing, stickers) in any way.
- If ID and/or lanyards are lost, a replacement or additional ID may be purchase in the office. (Cost: ID card - \$5.00, lanyard - \$2.00)
- A lunch detention will be assigned to students not wearing an ID. Parents please contact the office to make arrangements to replace before noon to avoid a consequence.

I have *reviewed with my child* the rules on the Locker/ID agreement and understand the responsibilities involved.

Parent Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Print Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_