

WILSON K-8 SCHOOL

Kinder Student Registration Checklist

Student Last Name: _____ First Name: _____

Parent Signature: _____ Date: _____

Documents

- Birth Certificate (we will need to see the original birth certificate not a copy)
- Immunization Records (*see Nurse)
- Proof of Residency document **(Mandatory)**
 Attach **ONE** of the following: homeowner/renter: utility bill, tax, deed, pay stub, insurance, bank statement, purchase agreement, mortgage, lease or rental agreement

Forms

- Acknowledgement/Registration Checklist
 - Student Registration
 - Residency Form
 - McKinney-Vento Questionnaire
 - Primary Home Language Survey
 - Kinder Transportation Form
 - Kindergarten Questionnaire
 - PTO Form
- ↓↓↓↓ *Additional Documents If Applicable* ↓↓↓↓
- Custody document Pending Custody
 (Court Order/Decree/Custody Document/Court Hearing date document /Power of Attorney)
 - IEP Evaluation Reports 504 Gifted

<i>Office Use Only</i>	
<input type="checkbox"/> Hearing & Vision Screen – Nurse <input type="checkbox"/> Map Test <input type="checkbox"/> Student ID <input type="checkbox"/> Agenda, Map, Bell Schedule, Class Schedule <input type="checkbox"/> Fee Receipt (pd) <input type="checkbox"/> Parent Portal setup	<input type="checkbox"/> Open Enrollment (New-1 st yr) In-district _____ Out of District _____ <input type="checkbox"/> AZDES - CPS (Notice to Provider) Grp Hm _____

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 - 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	
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	()	-		

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"/> Speech	<input type="checkbox"/> English Language Development	<input type="checkbox"/> Gifted/Accelerated
<input type="checkbox"/> Chronic Illness		<input type="checkbox"/> Other _____		
Comments:				

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: _____

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"/> 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"/> 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"/> 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"/> 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



Transportation for Kindergarten Students
Wilson K-8 School

Parents please complete this form if your student will be using District Bus Transportation

District Bus Transportation services are provided within Amphitheater School district boundaries to kinder students to/from locations which are at least ½ mile from school. In order for the district to plan a bus route they need to know if a student will be using the bus service and the address of the student so they can make bus stop locations available. The following information is required to complete this process:

Student Last Name _____ **Student First Name** _____

Will your child be ½ day or full day Kinder Half-day Full Day
Please check one

Will your child ride a bus to and/or from school Yes No
Please check one

Child's Home Address _____

Parents Last Name _____ Parent First Name _____

Home Phone _____ Cell Phone _____

Who will be meeting this student at the bus stop? Please list **ALL** persons authorized to meet student at the bus stop: _____

Name of sibling that rides same bus home if it applies: _____

Is sibling authorized to walk kinder student home from the bus stop? Yes No
Please check one

School Office complete the following: Student ID Number _____

Email completed form to Lisa Stickney @ lstickney@amphi.com

For Transportation Office use only

Bus AM number: _____ **Pick-up Time:** _____ **Code:** _____

Bus PM number: _____ **Drop Time:** _____ **Early-Out Bus:** _____

Start Date: _____ **Date School Notified:** _____ **Parents called:** _____



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

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)

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

KINDERGARTEN QUESTIONNAIRE

NOTE: The following information is utilized by the child's teacher only and is destroyed at the end of the year. It enables the teacher to plan and implement the best education for your child. This information does not become a part of your child's records. Thank you!

Child's Name: _____ Birth Date: _____

Name to be used in school: _____ Home Phone: _____

Parent's current marital status: _____

Does your child have any health problems the school should be aware of? Explain:

If your child has any food allergies, please list: _____

Has your child attended preschool? If so, where? _____

For how long? _____

Is your child right or left handed? _____

Do you celebrate birthdays in your home? If no, please explain: _____

Does your child dress him/herself? _____

How often do you read to your child? _____

How high can your child count correctly? _____

Is your child interested in writing the numbers or letters? _____

Does your child like to color? _____ Sing? _____

Can your child complete a simple task in a timely manner (like set the table, take out the trash, make their bed)? _____

What do you expect your child to acquire through the kindergarten experience?

What else would you like your child's teacher to know about your child? _____

My child can:

print first name knows zip cares for own toilet needs

tie shoes lace shoes button

read reads knows phone number

recognize letters of the alphabet (check) ***few*** ***most*** ***all***

recognize numerals 0 – 9 (check) ***few*** ***most*** ***all***

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

Rev. 01/2013

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
- 8th Promotion Activities
- STEM Night
- Mother/Son Event
- Trunk or Treat
- Book Fair