

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 ()	-

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 _____ 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"/> 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	
Cell Phone () -		Home Phone () -	
Work Phone () -		#3 Spoken Language	
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	
Cell Phone () -		Home Phone () -	
Work Phone () -		#4 Spoken Language	
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		Date
Enrolling Parent/Guardian Signature		

TEACHER'S NAME (School Use Only) _____

PLEASE PRINT

AMPHITHEATER SCHOOL DISTRICT
HEALTH INFORMATION CARD

☐ M

☐ F

Full Legal Name of Student _____ Sex _____ 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 _____
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) _____ ☐ 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.

JFAA-EA

**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 for 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, Veterans 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



(To be completed by the student)

EDUCATION AND CAREER ACTION PLAN

Canyon Del Oro High School



Student Name: _____

ID #: _____

School year: _____

Current Grade Level (check one): ☐ 9 ☐ 10 ☐ 11 ☐ 12

Post High School Plans

Education: (check one) (you can find more information to help you with this on the “Education” tab in AzCIS)

☐ Attend a University directly after
graduating highschool

☐ Attend a Community College and then

☐ Attend a Community College to earn a
2-year degree or certificate Top

3 college choices:

☐ Military

☐ Trade/Technical School

☐ Work Force transfer to a University

☐ Other: _____

Career Interests: (check all that apply) (you can find more info to help you with this on the “Occupations” tab in AzCIS)

☐ Agriculture

☐ Architecture/Construction

☐ Arts

☐ Business Management

☐ Communication

☐ Education

☐ Finance

☐ Government/Public Administration

☐ Health Sciences

☐ Hospitality and Tourism

☐ Human Services/Counseling

☐ Information Technology

☐ Law, Public Safety, Correction and
Security

☐ Manufacturing

☐ Science, Technology, Engineering
and Math

☐ Transportation, Distribution and
Logistics

☐ Other: _____

Extracurricular Activities and Honors/Awards:

Extracurricular activities: _____

Honors/Awards: _____

AzCIS information: While this document serves as your official documentation of having completed your ECAP for this year, the real work on creating your plan occurs in AzCIS. Please maintain your AzCIS account on a regular basis! (<http://azcis.intocareers.org>) Please see your counselor for assistance.

I acknowledge that I have completed this ECAP and that I have reviewed my plan with my parent or guardian. I understand that I may make changes to my ECAP at any time during the school year by contacting my school counselor and that I will complete an updated ECAP document early each school year.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Canyon Del Oro High School Technology Survey

Student Name: _____ Grade: _____

1. Do you have access to internet at home so that your child has the ability to complete online assignments?

_____ Yes

_____ No

2. Please check the devices your child has access to at home they can use to complete online assignments.

_____ Home Computer

_____ Laptop













_____ Tablet

_____ Cell Phone

_____ No Device



Amphitheater Public Schools is deeply committed to technology as a vital tool for its students, teachers, and parents. As a user of technology, I understand that it is my responsibility to honor the Acceptable Use Policy and uphold the Amphitheater Public School Technology Values both online, offline, at school and at home. I understand that my actions can affect others and that I will be accountable for my behavior.

Amphitheater Public Schools Technology Values			
We value Communication; Therefore, I will	 Make appropriate decisions when communicating.	 Participate in collaboration.	 Think before I post.
We value Privacy & Safety; Therefore, I will	 Secure my personal information.	 Be aware that anything I do electronically is not private and can be monitored.	 Report any cyberbullying.
We value Learning; Therefore, I will	 Do my best.	 Have a positive attitude.	 Explore using appropriate resources. I will not use nonacademic search words.
We value Respect; Therefore, I will	 Follow copyright rules.	 Respond thoughtfully to other people's ideas.	 Take proper care of all equipment.



Acceptable Use Policy

We are very pleased to bring a wide range of technologies to students, staff and faculty in Amphitheater Public Schools. The internet and devices on our network are used to support the educational objectives of Amphitheater Public Schools. Use of these technologies is a privilege and is subject to a variety of terms and conditions. Amphitheater Public Schools retains the right to change such terms and conditions at any time.

1. Communication

I will make appropriate decisions when communicating and will not send or share mean or inappropriate content. I will participate in collaboration while using effective participation skills. I will be mindful of what I post and not use profanity or any language that is offensive to anyone.

2. Privacy & Safety

I will secure personal information about family, faculty or myself. This includes passwords, home addresses, phone numbers, ages, and birth dates. I will be aware that anything I do online or electronically is not private and can be monitored. I will seek help if I feel unsafe, bullied or witness any form of unkind behavior including cyberbullying.

3. Learning

I will do my best. I will have a positive attitude and be willing to explore different technologies. I understand some sites are inappropriate and I will not search for words that are not related to my academics. I will evaluate the validity of information presented as I explore online and understand that not everything online is true.

4. Respect

I will follow all copyright rules and give credit when it needed. This includes documenting and properly citing all information acquired through online sources including but not limited to images, videos and music. I will respond thoughtfully to the opinions, ideas and values of others. I will take proper care of all equipment including district provided and personal devices of others. I will report misuse and/or inappropriate content to my teachers and adults.

**Student Section:**

I understand that it is my responsibility to honor the Acceptable Use Policy and uphold the Amphitheater Public School Technology Values both online, offline, at school and at home. I understand that my actions can affect others and that I will be accountable for my behavior. I will not engage in activities that are in violation of the Technology Acceptable Use Policy.

I have read the Acceptable Use Policy and agree to follow the rules and guidelines when using technology. This applies while I am on or off Amphitheater Public School property.

Student Name _____ Grade _____ Date _____

Student Signature _____

Parent Section:

I hereby release Amphitheater Public Schools, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the Amphitheater Public School network. I will instruct my child regarding the rules of use contained in this document and understand and agree that the agreements contained herein are incorporated into the contract under which my child is enrolled in Amphitheater Public School District. I understand that it is impossible for Amphitheater Public Schools to restrict access to all controversial materials and I will not hold the school responsible for materials accessed on the network.

I accept full responsibility if and when my child's use of technology is not in a school setting and understand that my child is subject to the same rules and agreements while not at school. I understand that Amphitheater Public Schools encourages parents and guardians to supervise and monitor any online activity. I am aware of my child's account information and passwords for the Amphitheater Public Schools network, G-Suite Account and HelloID Single Sign-On account accessing assigned digital curriculum.

Parent Name _____ Date _____

Parent Signature _____



****Completed form is only needed for incoming 9th and 10th grade students interested in the IB Programme****



Canyon del Oro High School International Baccalaureate (IB) Interest Form

Canyon del Oro High School is proud to offer the International Baccalaureate (IB) program. IB courses are rigorous, weighted courses taken in 11th and 12th grade (almost all are two-year courses). IB classes are geared for students who are looking to challenge themselves by taking one or more advanced courses and are a great alternative to AP courses. IB students seek **personal** and **academic** growth and the program aims to develop inquiring, knowledgeable, and caring our people who work towards becoming active, compassionate, life-long learners with international awareness. IB courses generally involve more class discussion and writing and delve deeper into the subject matter than non-IB courses.

CDO students have two IB options. They may participate in the full IB Diploma Programme, which consists of taking courses in six academic areas (Literature, Second Language, History, Chemistry, Mathematics, and an elective); participate in a Theory of Knowledge course; complete and Extended Essay (research paper); and engage in extracurricular activities that are creative, active, and service in nature. As an alternative, students may take 1-3 IB courses as part of the IB Certificate Course Programme. Additional information about the CDO IB program can be found at:

<https://www.amphi.com/page/7844>

Incoming 9th and 10th grade students who may be interested in joining the IB program in 11th grade, are encouraged to turn in an IB interest form. Submission of this form is not a commitment to participate in IB or constitute admission to the program, but it will allow the IB Counselor (Jessica Dale, jdale@amphi.com) to identify you in order to support your transition to CDO and ensure that you are on-track for whichever IB option is right for you.

IB prerequisites include successful completion of the following courses by 11th grade: two years of English, two years of math, two years of science, two years of a second language (French, German, Spanish), world history, government/economics, one year of PE, and one year of a fine art or career and technical education (CTE) course.

Student Name: _____ Year of HS Graduation: _____

Middle School: _____ Student Email Address: _____

Student Signature: _____

Parent/Guardian Signature: _____

****Please fill our form only if interested in the IB Programme****