

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		#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

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. Revised 1/6/2020

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 _____
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.



(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)

- | | |
|---|---|
| <input type="checkbox"/> Attend a University directly after
graduating high school | <input type="checkbox"/> Military |
| <input type="checkbox"/> Attend a Community College and then
transfer to a University | <input type="checkbox"/> Trade/Technical School |
| <input type="checkbox"/> Attend a Community College to earn a
2-year degree or certificate | <input type="checkbox"/> Work Force |
| | <input type="checkbox"/> Other: _____ |

Top 3 college choices:

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Government/Public Administration | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Architecture/Construction | <input type="checkbox"/> Health Sciences | <input type="checkbox"/> Science, Technology, Engineering
and Math |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Hospitality and Tourism | <input type="checkbox"/> Transportation, Distribution and
Logistics |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Human Services/Counseling | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Information Technology | |
| <input type="checkbox"/> Education | <input type="checkbox"/> Law, Public Safety, Correction and
Security | |
| <input type="checkbox"/> Finance | | |

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



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 _____