



# Donaldson Elementary School

## Acknowledgement / Registration Checklist

### New Student Packet Registration

Student \_\_\_\_\_  
Last Name First Name

Current Grade: \_\_\_\_\_ Next Year's Grade: \_\_\_\_\_

Parent Signature Required \_\_\_\_\_ Date \_\_\_\_\_

### Forms and Documents *Required* for New Students

- ☐ Acknowledgement /Checklist
- ☐ Student Registration
- ☐ Residency Form
- ☐ Parent ID
- ☐ Health Information Form
- ☐ McKinney-Vento Questionnaire
- ☐ Primary Home Language Survey
- ☐ Student Records Request
- ☐ Birth Certificate-**Original Only**
- ☐ Immunization Records – ***REQUIRED TO START SCHOOL (see Health Aide)***
- ☐ Withdrawal Form – prior school
- ☐ Proof of Residency Document ***MANDATORY***

\*Attach ONE of the examples below:

*Utility bill, tax, deed, pays stub, insurance, bank statement, driver's license, lease or rental agreement, mortgage.*

### Additional Documents if Applicable

- ☐ Custody Document ☐ Pending Custody  
(Court Order/Decree/Custody Document/Hearing date document/ Power of Attorney)
- ☐ IEP ☐ Evaluation Reports ☐ 504 ☐ Gifted

Has your student ever attended another Amphi School? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, School \_\_\_\_\_ Grade or Year attended \_\_\_\_\_



## 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?**

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**2. What language does the student speak *most* of the time?**

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**3. What language did the student first speak or understand?**

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

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

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

District or Charter Amphitheater Public Schools - District 10

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)

# Amphitheater Public Schools - Student Registration Form



|             |  |                                               |  |
|-------------|--|-----------------------------------------------|--|
| School      |  |                                               |  |
| School Year |  | Entering Grade Level<br>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<br>(Jr. III, IV, etc.) | Gender<br><input type="checkbox"/> M <input type="checkbox"/> F |
| Ethnicity:<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Non-Hispanic       | Race: (Check all that apply)<br><input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Asian<br><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                                                             |

|                                                                                                                                                             |                                                                                                                                      |          |      |       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------|------|-------|--|
| <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 |  |

| 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<br><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)          |  |

|                        |                          |                                                                |
|------------------------|--------------------------|----------------------------------------------------------------|
| <b>Office Use Only</b> | 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, including text messages, for educational items (e.g., emails from teachers and principals, progress reports, messages from schools, etc.)                                                                                      |                                               |                      |                                                        |                      |
| <input type="checkbox"/> 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:                                                                                                                                                                                                                                                                          | <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"/> 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.)                                                                           |                                               |                      |                                                        |                      |
| <input type="checkbox"/> 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:                                                                                                                                                                                                                                                                           | <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"/> Can have Parent Portal Access (Email: _____ @ _____ ) |                      | <input type="checkbox"/> Is an Emergency Contact |                      |

**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"/> Can have Parent Portal Access (Email: _____ @ _____ ) |                      | <input type="checkbox"/> Is an Emergency Contact |                      |

**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 the Equity & Safety Compliance Officer and Title IX Coordinator, (520) 696-5164, [TitleIXCoordinator@amphi.com](mailto:TitleIXCoordinator@amphi.com), or the Executive Director of Student Services, (520) 696-5230, [studentservices@amphi.com](mailto:studentservices@amphi.com).

# Escuelas públicas Amphitheater – Forma de registro estudiantil



|             |  |                                        |  |
|-------------|--|----------------------------------------|--|
| Escuela     |  |                                        |  |
| Año escolar |  | Grado de entrada para este año escolar |  |

**Instrucciones:** Después de completar este formulario, guarde una copia en su computadora. El Formulario de registro del estudiante, junto con cualquier documentación que lo acompañe, se puede entregar en la oficina principal de la escuela en la que está inscribiendo a su estudiante.

| INFORMACIÓN DEL ESTUDIANTE (Favor de D el nombre exacto tal como aparece en el certificado de nacimiento) |                                                                                                                                                                                                                                                                                                                                                   |                                 |                         |                                |                                                                 |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------|--------------------------------|-----------------------------------------------------------------|
| Apellido                                                                                                  | Primer nombre                                                                                                                                                                                                                                                                                                                                     | Primer nombre preferido         | Segundo nombre completo | Generación (Jr. III, IV, etc.) | Género<br><input type="checkbox"/> M <input type="checkbox"/> F |
| Origen étnico:<br><input type="checkbox"/> Hispano<br><input type="checkbox"/> No hispano                 | Raza (marque todas las opciones que aplican):<br><input type="checkbox"/> Negro / Afroamericano <input type="checkbox"/> Blanco <input type="checkbox"/> Hawaiano / Isleño de Pacífico <input type="checkbox"/> Asiático<br><input type="checkbox"/> Indio americano / Nativo de Alaska <input type="checkbox"/> Afiliación y número tribal _____ |                                 |                         |                                |                                                                 |
| Fecha de nacimiento (dd/mm/yyyy)                                                                          | País de nacimiento                                                                                                                                                                                                                                                                                                                                | Estado de nacimiento (solo EUA) |                         | Ciudad de nacimiento           |                                                                 |
| Dirección residencial                                                                                     |                                                                                                                                                                                                                                                                                                                                                   | # de apartamento                | Ciudad                  | Estado                         | Código postal                                                   |
| Dirección preferida                                                                                       |                                                                                                                                                                                                                                                                                                                                                   | # de apartamento                | Ciudad                  | Estado                         | Código postal                                                   |

|                                                                                                                                                                             |                                                                                                                                   |          |        |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------|--------|--------|
| Historial de registro                                                                                                                                                       | ¿Ha asistido este estudiante a una escuela en Arizona anteriormente? <input type="checkbox"/> Sí <input type="checkbox"/> No      |          |        |        |
|                                                                                                                                                                             | ¿Ha asistido este estudiante a una escuela en Amphitheater anteriormente? <input type="checkbox"/> Sí <input type="checkbox"/> No |          |        |        |
| Última escuela de asistencia: _____ <input type="checkbox"/> Pública <input type="checkbox"/> Chárter <input type="checkbox"/> Privada <input type="checkbox"/> En el hogar |                                                                                                                                   |          |        |        |
| Año                                                                                                                                                                         | Nivel de grado                                                                                                                    | Distrito | Ciudad | Estado |

| Programas especiales, ajustes o servicios (marque todas las opciones que aplican en el pasado y el presente; provea documentación)                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Educación especial <input type="checkbox"/> 504 <input type="checkbox"/> Desarrollo del lenguaje inglés <input type="checkbox"/> Enfermedad crónica <input type="checkbox"/> Dotado/acelerado ( <input type="checkbox"/> El estudiante participó previamente en clases/programas acelerados) <input type="checkbox"/> Otro _____ <b>Nota:</b> envíe toda la documentación/registros pertinentes, incluidos, entre otros, el Plan 504, el IEP, el BIP, las enfermedades crónicas, etc. |

| Otra información (marque todas la opciones que aplican)                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Dependiente de militar activo <input type="checkbox"/> Acogido <input type="checkbox"/> DCS <input type="checkbox"/> Condición de refugiado <input type="checkbox"/> McKinney-Vento/Sin hogar <input type="checkbox"/> Matrícula abierta |

| Otros niños/hermanos menores de 18 años viviendo en la misma dirección |                     |         |       |
|------------------------------------------------------------------------|---------------------|---------|-------|
| Nombre (apellido/primer nombre/segundo nombre)                         | Fecha de nacimiento | Escuela | Grado |
|                                                                        |                     |         |       |
|                                                                        |                     |         |       |
|                                                                        |                     |         |       |
|                                                                        |                     |         |       |

| Transporte (Los estudiantes deben cumplir con las pautas de elegibilidad que se enumeran en la Política de la Junta. Consulte el sitio web del Amphitheater).                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Si viaja en autobús, sería: <input type="checkbox"/> De ida Y vuelta <input type="checkbox"/> Solamente a la escuela <input type="checkbox"/> Solamente de vuelta <input type="checkbox"/> Sitio de cuidado _____          |
| Otras formas de transportación: <input type="checkbox"/> Caminando <input type="checkbox"/> En bicicleta <input type="checkbox"/> Traído/recogido por los padres <input type="checkbox"/> Estudiante conduciendo (solo HS) |

|                             |                          |                                                                |
|-----------------------------|--------------------------|----------------------------------------------------------------|
| Solo para uso de la oficina | AM Bus# _____ Stop _____ | Student ID: _____ Entry Code: _____ Start Date: _____          |
|                             | PM Bus# _____ Stop _____ | Data Entry Date: _____ Initials of Person Entering Data: _____ |

Nombre del estudiante: \_\_\_\_\_ Grado: \_\_\_\_\_

**Contacto #1 – Padre/guardián** (Solamente el contacto #1 es el contacto PRINCIPAL y se le llamará primero.)

|                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                                                                                                                                                                                            |                                |                          |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------|------------------------|
| <input type="checkbox"/> Madre <input type="checkbox"/> Padre <input type="checkbox"/> Madre de acogida <input type="checkbox"/> Padre de acogida <input type="checkbox"/> Madrastra <input type="checkbox"/> Padrastro <input type="checkbox"/> Guardián <input type="checkbox"/> Otro _____ |                                           |                                                                                                                                                                                                                                                                                                            |                                |                          |                        |
| Apellido                                                                                                                                                                                                                                                                                      |                                           | Primer nombre                                                                                                                                                                                                                                                                                              |                                | Empleador                |                        |
| Celular (   ) -                                                                                                                                                                                                                                                                               |                                           | Teléfono hogar (   ) -                                                                                                                                                                                                                                                                                     |                                | Teléfono trabajo (   ) - |                        |
| <input type="checkbox"/> La misma dirección que el estudiante                                                                                                                                                                                                                                 | Dirección (si es diferente el estudiante) |                                                                                                                                                                                                                                                                                                            | # de apartamento               | Ciudad                   | Estado   Código postal |
| Correo electrónico: _____ @                                                                                                                                                                                                                                                                   |                                           |                                                                                                                                                                                                                                                                                                            | Idioma hablado por contacto #1 |                          |                        |
| <input type="checkbox"/> De acuerdo en ser contactado electrónicamente, incluyendo mensajes de texto, para asuntos de educación (ej., mensajes electrónicos de los maestros y directores, reportes de progreso, mensajes de la escuela, etc.)                                                 |                                           |                                                                                                                                                                                                                                                                                                            |                                |                          |                        |
| <input type="checkbox"/> I would like to receive a printed copy of Amphitheater Code of Conduct<br>(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> )                                    |                                           |                                                                                                                                                                                                                                                                                                            |                                |                          |                        |
| Marque todas las opciones que aplican:                                                                                                                                                                                                                                                        |                                           | <input type="checkbox"/> Puede recoger al estudiante <input type="checkbox"/> Vive con el estudiante <input type="checkbox"/> Es un contacto de emergencia<br><input type="checkbox"/> Recibe el reporte de calificaciones <input type="checkbox"/> Puede tener acceso al portal de padres (Parent Portal) |                                |                          |                        |

**Contacto #2 – Padre/guardián**

|                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                                                                                                                                                                                                            |                                |                          |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------|------------------------|
| <input type="checkbox"/> Madre <input type="checkbox"/> Padre <input type="checkbox"/> Madre de acogida <input type="checkbox"/> Padre de acogida <input type="checkbox"/> Madrastra <input type="checkbox"/> Padrastro <input type="checkbox"/> Guardián <input type="checkbox"/> Otro _____                  |                                           |                                                                                                                                                                                                                                                                                                            |                                |                          |                        |
| Apellido                                                                                                                                                                                                                                                                                                       |                                           | Primer nombre                                                                                                                                                                                                                                                                                              |                                | Empleador                |                        |
| Celular (   ) -                                                                                                                                                                                                                                                                                                |                                           | Teléfono/hogar (   ) -                                                                                                                                                                                                                                                                                     |                                | Teléfono/trabajo (   ) - |                        |
| <input type="checkbox"/> La misma dirección que el estudiante                                                                                                                                                                                                                                                  | Dirección (si es diferente al estudiante) |                                                                                                                                                                                                                                                                                                            | # de apartamento               | Ciudad                   | Estado   Código postal |
| Correo electrónico: _____ @                                                                                                                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                            | Idioma hablado por contacto #2 |                          |                        |
| <input type="checkbox"/> Por favor, manténganme informado sobre la educación de mi hijo a través de correo electrónico y mensajes de texto, según sea necesario. (por ejemplo, correos electrónicos de maestros y directores, informes de progreso, mensajes de escuelas, etc.)                                |                                           |                                                                                                                                                                                                                                                                                                            |                                |                          |                        |
| <input type="checkbox"/> Entiendo que el Código de Conducta está disponible en línea, pero aun así me gustaría una copia impresa.<br>(Se puede acceder al Código de Conducta del Anfiteatro a través del siguiente enlace: <a href="https://www.amphi.com/Domain/1053">https://www.amphi.com/Domain/1053</a> ) |                                           |                                                                                                                                                                                                                                                                                                            |                                |                          |                        |
| Marque todas las opciones que aplican:                                                                                                                                                                                                                                                                         |                                           | <input type="checkbox"/> Puede recoger al estudiante <input type="checkbox"/> Vive con el estudiante <input type="checkbox"/> Es un contacto de emergencia<br><input type="checkbox"/> Recibe el reporte de calificaciones <input type="checkbox"/> Puede tener acceso al portal de padres (Parent Portal) |                                |                          |                        |

|                                                                                                                                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ¿Quién tiene la custodia legal del niño? <input type="checkbox"/> Contacto #1 <input type="checkbox"/> Contacto #2 (Marque los dos si aplica.)                                                                                                         |  |
| ¿Hay custodia compartida o un plan parental en efecto? <input type="checkbox"/> Sí <input type="checkbox"/> No (Si hay un plan, una copia debe estar en la escuela.)                                                                                   |  |
| ¿Está este estudiante al cuidado de un guardián? <input type="checkbox"/> Yes <input type="checkbox"/> No (Si lo está, una copia de los documentos debe estar en la escuela.)                                                                          |  |
| ¿Hay una orden de restricción en efecto? <input type="checkbox"/> Yes <input type="checkbox"/> No Contra: <input type="checkbox"/> Madre <input type="checkbox"/> Padre <input type="checkbox"/> Otro (Si la hay, una copia debe estar en la escuela.) |  |
| Información adicional:                                                                                                                                                                                                                                 |  |

**Contacto adicional #3**

|                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                      |  |                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|
| <input type="checkbox"/> Madre <input type="checkbox"/> Padre <input type="checkbox"/> Madre de acogida <input type="checkbox"/> Padre de acogida <input type="checkbox"/> Madrastra <input type="checkbox"/> Padrastro <input type="checkbox"/> Guardián <input type="checkbox"/> Otro _____ |  |                                                                                                                                                                                                                      |  |                          |  |
| Apellido                                                                                                                                                                                                                                                                                      |  | Primer nombre                                                                                                                                                                                                        |  | Idioma hablado por #3    |  |
| Celular (   ) -                                                                                                                                                                                                                                                                               |  | Teléfono/hogar (   ) -                                                                                                                                                                                               |  | Teléfono/trabajo (   ) - |  |
| Marque todas las opciones que aplican:                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> Puede recoger al estudiante <input type="checkbox"/> Vive con el estudiante <input type="checkbox"/> Es un contacto de emergencia <input type="checkbox"/> Portal para padres _____ @ _____ |  |                          |  |

**Contacto adicional #4**

|                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                      |  |                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|
| <input type="checkbox"/> Madre <input type="checkbox"/> Padre <input type="checkbox"/> Madre de acogida <input type="checkbox"/> Padre de acogida <input type="checkbox"/> Madrastra <input type="checkbox"/> Padrastro <input type="checkbox"/> Guardián <input type="checkbox"/> Otro _____ |  |                                                                                                                                                                                                                      |  |                          |  |
| Apellido                                                                                                                                                                                                                                                                                      |  | Primer nombre                                                                                                                                                                                                        |  | Idioma hablado por #4    |  |
| Celular (   ) -                                                                                                                                                                                                                                                                               |  | Teléfono/hogar (   ) -                                                                                                                                                                                               |  | Teléfono/trabajo (   ) - |  |
| Marque todas las opciones que aplican:                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> Puede recoger al estudiante <input type="checkbox"/> Vive con el estudiante <input type="checkbox"/> Es un contacto de emergencia <input type="checkbox"/> Portal para padres _____ @ _____ |  |                          |  |

**YO VERIFICO QUE TODA LA INFORMACIÓN EN ESTA FORMA IS CORRECTA**

|                                                |                                      |       |
|------------------------------------------------|--------------------------------------|-------|
| Padre/guardián registrando (letra de imprenta) | Firma del padre/guardián registrando | Fecha |
|------------------------------------------------|--------------------------------------|-------|

**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 of the property where the student resides: **\*Must attach document\***

☐

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

PLEASE PRINT

# AMPHITHEATER SCHOOL DISTRICT HEALTH INFORMATION CARD

 Full Legal Name of Student \_\_\_\_\_ Sex ☐ M ☐ 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 David Rucker, Equal Opportunity & Compliance Director, (520) 696-5164, drucker@amphi.com, or Kristin McGraw, Executive Director of Student Services, (520) 696-5230, kmcgraw@amphi.com.



## 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)**

## 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.**

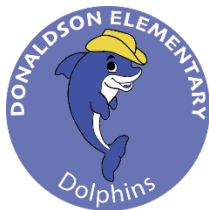
Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children.

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? No\_\_\_\_  
Yes\_\_\_\_If "yes", please explain: \_\_\_\_\_

**Donaldson  
Elementary School**  
2040 W Omar Dr  
Tucson, AZ 85704  
520.696.6160 (office)  
520.696.6204 (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 (AASA)                    | <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                   | <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:

**Donaldson Elementary School**, 2040 W. Omar Drive., Tucson AZ 85704 ☐ Return by Fax (520) 696-6204

Attn: ☐ Records ☐ Health Office ☐ Special Education Dept

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

### SECTION V: SIGNATURE AND ACKNOWLEDGEMENT

I hereby grant permission for all confidential, medical, psychological and academic information be released to Donaldson Elementary School for educational purposes.

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

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

\_\_\_\_\_  
DATE