

# Amphitheater Public Schools - Student Registration Form



<b>School</b>			
<b>School Year</b>		<b>Entering Grade Level for Given School Year</b>	

## STUDENT INFORMATION (Please PRINT student name exactly as it appears on the birth certificate)

<b>Legal Last Name</b>		<b>Legal First Name</b>		<b>Full Middle Name</b>		<b>Generation (Jr, III, IV, etc.)</b>		<b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F	
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>Race:</b> (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 <b>Tribal Affiliation and Number</b> _____							
<b>Date of Birth (mm/dd/yyyy)</b>		<b>Country of Birth</b>		<b>State of Birth (US only)</b>		<b>Place of Birth (City)</b>			
<b>Residential Address:</b>				<b>Apt.#</b>	<b>City</b>	<b>ST</b>	<b>Zip</b>		
<b>Preferred Mailing Address (if different):</b>				<b>Apt.#</b>	<b>City</b>	<b>ST</b>	<b>Zip</b>		
<b>For High School</b>	<b>Student Email</b> _____ @ _____				<b>Student Phone</b> ( ) -				

## Language (Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency)

<b>What is the primary language used in the home regardless of the language spoken by the student?</b>				<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____	
<b>What is the language most often spoken by the student?</b>				<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____	
<b>What is the language that the student first acquired?</b>				<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____	
<b>Parent/Guardian preferred correspondence language?</b>				<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____	

<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: \_\_\_\_\_  Public  Charter  Private  Homeschool

<b>Year</b>	<b>Grade Level</b>	<b>District</b>	<b>City</b>	<b>State</b>
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## Special Programs, Accommodations or Services (Check all that apply past or present and provide paperwork.)

Special Education  504  Speech  English Language Development  Gifted/Accelerated  Chronic Illness  Other \_\_\_\_\_

Comments: \_\_\_\_\_

## Other Information (Check all that apply)

Active Military Dependent  Foster  DCS  Refugee Status  McKinney-Vento/Homeless  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:  To AND From School  To School Only  From School Only  Day Care: \_\_\_\_\_

Other modes of transportation:  Walk  Bike  Parent Drop Off / Pick Up  Student Drives (HS only)

<b>Office Use Only</b>	AM Bus# _____ Stop _____	Student ID: _____	Entry Code: _____
	PM Bus# _____ Stop _____	Data Entry Date: _____	Initials of Person Entering Data: _____

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

Parent/Guardian Contact #1 (Only contact #1 is the PRIMARY contact and will be contacted first)					
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____					
Last Name		First Name		Employer	
Cell Phone (   ) -		Home Phone (   ) -		Work Phone (   ) -	
<input type="checkbox"/> Address same as the student	Address if different than student:		Apt.#	City	ST      Zip
Email: _____ @ _____			Contact #1 Spoken Language		
<input type="checkbox"/> Agrees to be contacted electronically for education items. (Teacher emails, progress reports, etc.)					
Check all that apply:		<input type="checkbox"/> Can pick up student		<input type="checkbox"/> Lives with student	
		<input type="checkbox"/> Receives Report Card		<input type="checkbox"/> Can have Parent Portal Access	
<input type="checkbox"/> Is an Emergency Contact					

Parent/Guardian Contact #2					
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____					
Last Name		First Name		Employer	
Cell Phone (   ) -		Home Phone (   ) -		Work Phone (   ) -	
<input type="checkbox"/> Address same as the student	Address if different than student:		Apt.#	City	ST      Zip
Email: _____ @ _____			Contact #2 Spoken Language		
<input type="checkbox"/> Agrees to be contacted electronically for education items. (Teacher emails, progress reports, etc.)					
Check all that apply:		<input type="checkbox"/> Can pick up student		<input type="checkbox"/> Lives with student	
		<input type="checkbox"/> Receives Report Card		<input type="checkbox"/> Can have Parent Portal Access	
<input type="checkbox"/> Is an Emergency Contact					

Who has legal custody of the child? <input type="checkbox"/> Contact #1 <input type="checkbox"/> Contact #2   (Check both if applicable.)					
Is there a joint custody or parenting plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No   (If yes, plan must be on file with the school.)					
Is this student in care of a guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No   (If yes, legal guardianship records must be on file with the school.)					
Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No   Against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other   (Papers must be on file with school.)					
Additional Information:					

Additional Contact #3					
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____					
Last Name		First Name		#3 Spoken Language	
Cell Phone (   ) -		Home Phone (   ) -		Work Phone (   ) -	
Check all that apply:		<input type="checkbox"/> Can pick up student		<input type="checkbox"/> Lives with student	
		<input type="checkbox"/> Is an Emergency Contact		<input type="checkbox"/> Parent Portal email: _____	

Additional Contact #4					
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____					
Last Name		First Name		#4 Spoken Language	
Cell Phone (   ) -		Home Phone (   ) -		Work Phone (   ) -	
Check all that apply:		<input type="checkbox"/> Can pick up student		<input type="checkbox"/> Lives with student	
		<input type="checkbox"/> Is an Emergency Contact		<input type="checkbox"/> Parent Portal email: _____	

I VERIFY ALL OF THE INFORMATION ON THIS FORM IS ACCURATE		
Enrolling Parent/Guardian Printed Name		Enrolling Parent/Guardian Signature
		Date