

WILSON K-8 SCHOOL

Acknowledgment / Registration Checklist

IMPORTANT: To effectively maintain accurate **contact information** (i.e. address, phone numbers) for Returning students, please review current information on file in Parent Portal under “Personal Details” and indicate below if changes are necessary for this year. **Please attach ONE Proof of Residency (i.e. utility bill, lease) to the Residency Form EVERY YEAR when submitting the registration packet. RETURNING STUDENTS - Check YES/indicate change or NO change**

- ☐ **Yes** changes to: ☐ address ☐ phone # ☐ email ☐ contacts
☐ **No** changes to information

Student Name: _____ Current Grade: ____ || Next Year’s Grade: ____

Parent Signature (*required*): _____ Date: _____

Check below items provided to registrar

REGISTRATION PACKET CHECKLIST	
FORMS and DOCUMENTS Required for Registration	
<input type="checkbox"/> YES RETURNING STUDENT Packet Submit the forms below <u>Forms</u> <input type="checkbox"/> Acknowledgement/Registration Checklist <input type="checkbox"/> Student Registration <input type="checkbox"/> Residency Form <input type="checkbox"/> Proof of Residency document (Mandatory) attach <u>ONE</u> of the following examples: <i>utility bill, tax, deed, pay stub, insurance, bank statement, purchase agreement, mortgage, lease or rental agreement</i> <input type="checkbox"/> Health Information Form <input type="checkbox"/> Cell Phone Agreement (5-8 only) <input type="checkbox"/> McKinney-Vento Questionnaire <input type="checkbox"/> Locker/ID Agreement <input type="checkbox"/>	<input type="checkbox"/> YES NEW STUDENT Packet Submit the documents / forms below <u>Documents</u> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization Records (*see Nurse) <input type="checkbox"/> Withdrawal Form (prior school) <input type="checkbox"/> Report card/Grades <input type="checkbox"/> Proof of Residency document (Mandatory) attach <u>ONE</u> of the following examples: <i>utility bill, tax, deed, pay stub, insurance, bank statement, purchase agreement, mortgage, lease or rental agreement</i> <u>Forms</u> <input type="checkbox"/> Acknowledgement/Registration Checklist <input type="checkbox"/> Student Registration <input type="checkbox"/> Residency Form <input type="checkbox"/> Health Information Form <input type="checkbox"/> Primary Home Language Survey <input type="checkbox"/> Cell Phone Agreement (5-8 only) <input type="checkbox"/> PTO Form-Communication <input type="checkbox"/> McKinney –Vento Questionnaire <input type="checkbox"/> Student Records Request <input type="checkbox"/> Locker/ID Agreement <input type="checkbox"/>
Revised 01/2021	

Amphitheater Public Schools - Student Registration Form



School			
School Year		Entering Grade Level 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 (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:		Apt.#	City	ST	Zip

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"/> English Language Development <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Gifted/Accelerated (<input type="checkbox"/> Student was previously participated in accelerated classes/programs) <input type="checkbox"/> Other _____	
Note: 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)	

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

Student Name: _____ Grade: _____

Parent/Guardian Contact #1 (Only contact #1 is the PRIMARY contact and will be contacted first)

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____				
Last Name		First Name		Employer
Cell Phone () -		Home Phone () -		Work Phone () -
<input type="checkbox"/> Address same as the student	Address (if different than student):			
	Apt.#	City	ST	Zip
Email: _____ @ _____			Contact #1 Spoken Language	
<input type="checkbox"/> Agrees to be contacted electronically, 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: https://www.amphi.com/Domain/1053)				
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	

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: https://www.amphi.com/Domain/1053)				
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	

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
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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, or the Executive Director of Student Services, (520) 696-5230, studentservices@amphi.com.



Arizona Department of Education
Arizona Residency Documentation Form

Student _____ School _____

School District or Charter Holder _____

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:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ 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 (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)
- _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- _____ 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

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



AMPHITHEATER PUBLIC SCHOOLS
McKinney-Vento Questionnaire



This questionnaire is intended to address the McKinney-Vento Act, Title IX, Part A of the *Every Student Succeeds Act*. Answers to these questions will help determine services for which a student may be eligible. See the attached page for a description of the McKinney-Vento Act provisions.

Information provided is confidential.

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 your answer is "NO" to both of these questions, you may stop here. Thank you.
Your housing situation does not qualify for McKinney-Vento services.**

If you answer "Yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children, but please provide a copy to each school.

Please list ALL children in the home, regardless of whether or not they attend school.

Name of Child	School	Grade	Address Where Student Slept Last Night	Phone Number

1. Where are these students presently living?

- ☐ Doubled up with relatives or friends
- ☐ In a transitional housing program - Name of Program: _____
- ☐ In a motel
- ☐ In a shelter
- ☐ In an unsheltered location (campground, car, public place, etc.)
- ☐ In a place that does not have windows, heat, running water, electricity or is overcrowded
- ☐ None of the above (please explain): _____

2. Do you also have pre-school children at home? Yes ____ No ____

3. A. Are you a high school student who is currently living on your own due to hardship? Yes ____ No ____
B. Or, are you living with an adult who is not your legal guardian? Yes ____ No ____

4. Are there any pressing needs that could prevent the child(ren) from being successful in school? Yes _ No _

If Yes, please explain: _____

Signature of Person Providing Information

Printed Name

Date

Relationship to student: Parent / Self / Caregiver / Legal guardian / Other: (please explain) _____

CELL PHONE AGREEMENT

I understand that Wilson K-8 School and representatives are not responsible for loss or theft of personal cell phones that are brought to school. Cell phones are for **emergency purposes** only, before and after school and must be kept in your backpack and/or locker at all times. They will be confiscated if used or ring at any other time throughout the school day and must be picked up by a parent or guardian.

Child's Name _____ Grade _____

Parent/Guardian Signature _____ Date _____

My child **will not** be carrying a cell phone to school.

Parent/Guardian Signature _____ Date _____

LOCKER/ID AGREEMENT

Welcome to Wilson K-8 School. As a Middle School student each child will be issued the use of a locker which will come with responsibilities. So that each student understands the usage requirements; please review with your child the following expectations.

LOCKERS

- Each student is issued one locker for the duration of the school year. The combination is given only to the student with exception of an office administrator. The combinations are changed yearly.
- “DO NOT” share the locker or the combination with others for security purposes.
- Lockers can be pre-set so as to turn to one number to open. This practice means anyone can turn the combination and enter the locker. When finished with your locker, be sure to turn your lock several times to reset the numbers to avoid loss of locker contents.
- **NOTE:** *Unless your locker shows forced entry, the student is responsible for the contents.* Books that are destroyed/lost are the responsibility of the student and parents will be expected to reimburse the school for those items.
- Lockers are to be used appropriately. Only items necessary for school should be stored inside.
- Do not apply any items to the outside of the locker such as stickers because removal could cause damage requiring repair.

ID CARDS/LANYARDS

- Identification cards and lanyards are required of all students and should be worn visibly at all times when on campus.
- ID cards are to remain in their original size and should not be defaced (writing, stickers) in any way.
- If ID and/or lanyards are lost, a replacement or additional ID may be purchase in the office. (Cost: ID card - \$5.00, lanyard - \$2.00)
- A lunch detention will be assigned to students not wearing an ID. Parents please contact the office to make arrangements to replace before noon to avoid a consequence.

I have *reviewed with my child* the rules on the Locker/ID agreement and understand the responsibilities involved.

Parent Signature (required): _____ Date: _____

Student Signature (required): _____ Date: _____

Print Student Name: _____ Grade: _____

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.)

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