Amphitheater Public Schools - Student Registration Form

School	Rillito Center		
School Year	2021-2022	Entering Grade Level for Given School Year	

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

Legal Last Name	Legal First Name	Full Middle Name	Generation (Jr. III, IV, etc.)	Gender ☐ M ☐ F

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: (Check all that apply) ☐ Black / African American ☐ White ☐ Native Hawaiian / Pacific Islander ☐ Asian ☐ American Indian / Alaskan Native Tribal Affiliation and Number _____

Date of Birth (mm/dd/yyyy)	Country of Birth	State of Birth (US only)	Place of Birth (City)

Residential Address: Apt.# City ST Zip

Preferred Mailing Address (if different): Apt.# City ST Zip

For High School	Student Email @	Student Phone ( ) -

Enrollment History

Has this student ever attended school in Arizona before? ☐Yes ☐No

Has this student ever attended an Amphitheater school any time in the past? ☐Yes ☐No

Last school attended: Rillito Center ☐Public ☐Charter ☐Private ☐Homeschool

Year 2020-2021	Grade Level	District Amphitheater Public Schools	City Tucson	State AZ

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)

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

Revised 1/6/2020

Student Name:_____ Grade:_____

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

☐Mother ☐Father ☐Foster Mother ☐Foster Father ☐Step-Mother ☐Step-Father ☐Guardian ☐Other_____

Last Name	First Name	Employer

Cell Phone ( ) -	Home Phone ( ) -	Work Phone ( ) -

☐Address same as the student	Address if different than student: Apt.# City ST Zip

Email: @	Contact #1 Spoken Language

☐Agrees to be contacted electronically for education items. (Teacher emails, progress reports, etc.)

Check all that apply:	☐Can pick up student ☐Lives with student ☐Is an Emergency Contact ☐Receives Report Card ☐Can have Parent Portal Access

Parent/Guardian Contact #2

☐Mother ☐Father ☐Foster Mother ☐Foster Father ☐Step-Mother ☐Step-Father ☐Guardian ☐Other_____

Last Name	First Name	Employer

Cell Phone ( ) -	Home Phone ( ) -	Work Phone ( ) -

☐Address same as the student	Address if different than student: Apt.# City ST Zip

Email: @	Contact #2 Spoken Language

☐Agrees to be contacted electronically for education items. (Teacher emails, progress reports, etc.)

Check all that apply:	☐Can pick up student ☐Lives with student ☐Is an Emergency Contact ☐Receives Report Card ☐Can have Parent Portal Access

Who has legal custody of the child? ☐Contact #1 ☐Contact #2 (Check both if applicable.)

Is there a joint custody or parenting plan in effect? ☐Yes ☐No (If yes, plan must be on file with the school.)

Is this student in care of a guardian? ☐Yes ☐No (If yes, legal guardianship records must be on file with the school.)

Is there a restraining order in effect? ☐Yes ☐No Against: ☐Mother ☐Father ☐Other (Papers must be on file with school.)

Additional Information:

Additional Contact #3

☐Mother ☐Father ☐Foster Mother ☐Foster Father ☐Step-Mother ☐Step-Father ☐Guardian ☐Other_____

Last Name	First Name	#3 Spoken Language

Cell Phone ( ) -	Home Phone ( ) -	Work Phone ( ) -

Check all that apply:	☐Can pick up student ☐Lives with student ☐Is an Emergency Contact ☐Parent Portal email:

Additional Contact #4

☐Mother ☐Father ☐Foster Mother ☐Foster Father ☐Step-Mother ☐Step-Father ☐Guardian ☐Other_____

Last Name	First Name	#4 Spoken Language

Cell Phone ( ) -	Home Phone ( ) -	Work Phone ( ) -

Check all that apply:	☐Can pick up student ☐Lives with student ☐Is an Emergency Contact ☐Parent Portal email:

I VERIFY ALL OF THE INFORMATION ON THIS FORM IS ACCURATE

Enrolling Parent/Guardian Printed Name	Enrolling Parent/Guardian Signature	Date

Amphitheater Unified School District does not discriminate on the basis of race, color, religion/religious beliefs, gender, sex, age, national origin, sexual orientation, creed, citizenship status, marital status, political beliefs/affiliation, disability, home language, family, social or cultural background in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the District's non-discrimination policies are handled at 701 W. Wetmore Road, Tucson, Arizona 85705 by Anna Maiden, Equal Opportunity & Compliance Director, (520) 696-5164, amaiden@amphi.com, or Kristin McGraw, Executive Director of Student Services, (520) 696-5230, kmcgraw@amphi.com. Revised 1/6/2020