

# **TIME TO RE-REGISTER!**

February 2020

Dear Parents,

It's time to begin making plans for the 2020-2021 school year. **To ensure your child's name is on a class list, please return the following forms to your child's teacher by Monday, February 24, 2020.** Please follow these directions.

**RETURNING REGISTRATION FORMS:** Please complete the returning student registration form. All pages need to be completed.

**STUDENT HEALTH & EMERGENCY FORM:** Please fill out completely. List someone other than yourself in case of emergency. We will always try to reach you first. This information is vital when an emergency arises.

**HARELSON COMMUNICATION AND PTO FORM:**

Please complete the sections on this form that apply to you. Please provide your email address to receive information from the school and/or PTO. **Please complete ONE form per family.**

**When completing these forms, please keep in mind this information is for next school year.**

Please place the grade your child(ren) will be in for next year.

**Once you complete the packet, please print and sign all forms before returning to school.**

As always, we thank you for your help. Re-registering now, will make the first day of school run smoother for all of us.



Jill Neubert  
Administrative Assistant  
Registrar



## HARELSON SCHOOL

# Returning Student Registration Packet Checklist

**IMPORTANT:** To effectively maintain accurate **contact information** (i.e. address, phone numbers, email addresses) for returning/Amphi-transfer students, please review current information on file in Parent Portal under "Personal Details" and indicate below if changes are necessary for this year. If you need assistance with the Parent Portal, please contact Jill Neubert at Harelson at 696-6025 or [jneubert@amphi.com](mailto:jneubert@amphi.com).

**\*Check YES or NO below before returning forms back to Harelson.**

- Yes** changes to:
- address**       **phone #**       **email**       **contacts**
- other** (please indicate): \_\_\_\_\_
- No**, information has **NOT** changed

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

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

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

- Acknowledgement/Registration Checklist
- Student Registration Forms (total 2 pages)
- Residency Form *required **ONLY** if address has changed\**
- \*Proof of Residency Document Mandatory *if above box is checked, attach **ONE** of the following:  
Utility bill, cable or phone bill, lease or rental agreement, mortgage papers.*
- Signature on the 2<sup>nd</sup> page of the Registration Form (bottom of the form)**
- Health Information Form
- Signature on the Health Information Form (bottom of the form)**
- Harelson Correspondence Form
- Signature on the Harelson Correspondence Form (bottom of the form)**

Please complete each form. After signing each form where appropriate return the packet to your child's teacher no later than Monday, February 24, 2020.

***NOTE: we must have a completed packet for each child in order to place them in a class for the 2020-2021 school year.***

***Thanks for your cooperation!***

# 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</b> (Jr, III, IV, etc.)	<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</b> (mm/dd/yyyy)	<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>	( ) -

<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					
<b>Year</b>	<b>Grade Level</b>	<b>District</b>	<b>City</b>	<b>State</b>	

<b>Special Programs, Accommodations or Services</b> (Check all that apply past or present and provide paperwork.)					
<input type="checkbox"/> Special Education <input type="checkbox"/> 504 <input type="checkbox"/> Speech <input type="checkbox"/> English Language Development <input type="checkbox"/> Gifted/Accelerated <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Other _____					
Comments:					

<b>Other Information</b> (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					

<b>Other Children/Siblings Under 18 Living at this Address</b>			
Name (Last Name, First Name)	Date of Birth	School	Grade

<b>Transportation</b> (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: \_\_\_\_\_

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

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

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

<b>Additional Contact #3</b>					
<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: _____	

<b>Additional Contact #4</b>					
<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: _____	

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

**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:

\_\_\_\_\_ 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, Veteran's 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**

**M**

Full Legal Name of Student \_\_\_\_\_ Sex **F** Grade \_\_\_\_\_ School \_\_\_\_\_  
 (Last) (First) (Middle)

Resident Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 City State Country

Name/Address of Person(s) with whom Student may reside:

Name	Address (If different than above)	Home #	Work #	Cell #
Father _____	_____	_____	_____	_____
Step-Father _____	_____	_____	_____	_____
Mother _____	_____	_____	_____	_____
Step-Mother _____	_____	_____	_____	_____
Guardian _____	_____	_____	_____	_____

**Brothers/Sisters:**

Name _____	Age _____	School _____	Name _____	Age _____	School _____
Name _____	Age _____	School _____	Name _____	Age _____	School _____
Name _____	Age _____	School _____	Name _____	Age _____	School _____

Any legal restricted custody decision the school health office should be aware of? If yes, describe: \_\_\_\_\_

Language(s) spoken by Student \_\_\_\_\_ Language(s) spoken at home \_\_\_\_\_

## PLEASE CHECK THE FOLLOWING ITEMS, IF THEY PERTAIN TO YOUR STUDENT:

ADHD/ADD  Allergies/drug  Allergies/food  Asthma  Birth defects  Blood disorder  Bowel/bladder  
 Diabetes  Glasses/contacts  Headaches/migraines  Hearing problem  Heart condition  Orthopedic  Psychiatric disorder  
 Seizure disorder  Other (If any items were checked, please explain) \_\_\_\_\_

**If your student is to take medication at school, a signed consent form is required.**Please list all medication(s) student is now taking at home or school: \_\_\_\_\_

What health or physical problem might affect school attendance or participation in PE? \_\_\_\_\_

Has your student ever been involved in a special education program? If yes, please explain \_\_\_\_\_

INSURANCE COVERAGE:  None  AHCCCS  Kids Care  Indian Health Services  Other Health Plan \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

**If parent/guardian cannot be reached, name a relative or friend with a LOCAL PHONE who will be responsible for your student if he/she is hurt or becomes ill at school. (Please notify the school health office of any information changes on this card.)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone(s) \_\_\_\_\_ Can pick up

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone(s) \_\_\_\_\_ Can pick up

If emergency medical action or treatment is required, and parent/guardian cannot be contacted, I hereby authorize my child to be given emergency medical care as deemed necessary by school officials. I understand that any expenses incurred will be paid for by the parent/guardian or by insurance coverage provided by the parent/guardian, and that payment of any medical expense is not the responsibility of the school or the school district.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature verifies that all of the information on this card is accurate.)

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

# Harelson School Communication Form

School communication is distributed via email. Newsletters, Special Notices, Events Information, Notes from Principal, Safety Notices, etc. will be emailed to you. Therefore, we are requesting your email address. If you do not have an email address we are requesting that you visit the Harelson Website <http://www.amphi.com/Harelson> for information regarding events, updated news and other information about Harelson Elementary School.

*In an effort to communicate effectively, please complete the following information. Thank you!*

## *One form per family*

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

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

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

***Mother's Name:*** \_\_\_\_\_

***Email Address:*** \_\_\_\_\_

***Father's Name:*** \_\_\_\_\_

***Email Address:*** \_\_\_\_\_

***Guardian's Name:*** \_\_\_\_\_

***Email Address:*** \_\_\_\_\_

## *PTO Correspondence*

Email address you would like to have PTO information sent to:

Parent Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

I do not wish to receive PTO correspondence.

***Parent/Guardian Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_