



**Amphitheater Public Schools**  
**Student Registration**  
**STUDENT INFORMATION**  
Part 1 of 4

**School Name**

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<b>THIS AREA FOR OFFICE USE ONLY</b>	
Student ID#	_____
Grade	_____ Bus Rider <input type="checkbox"/> Y <input type="checkbox"/> N
AM Bus #	_____ Stop _____
PM Bus #	_____ Stop _____
Data Entry Date	_____ Entry Code _____
Initials of Person Entering Data	_____

<p><b><u>Student's LAST Name</u></b></p> <p>_____</p> <p>Middle Name _____</p> <p>Gender: <input type="checkbox"/> M <input type="checkbox"/> F      Grade _____</p> <p>Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>Date of Birth _____</p> <p>Nickname _____</p> <p>Former Name _____</p> <p>Birth Place _____</p> <p>What is the primary language used in the home regardless of the language spoken by the student? _____</p> <p>What is the language most often spoken by the student? _____</p> <p>What is the language that the student first acquired? _____</p> <p>Preferred correspondence language? _____</p> <p><b><u>Physical Address</u></b>    <input type="checkbox"/> new address</p> <p>House Number _____ Street Direction (N,S,E,W) _____</p> <p>Street Name _____</p> <p>Street Type (St, Ave, Dr, Pl) _____ Apt No. _____</p>	<p><b><u>Student's FIRST Name</u></b></p> <p>_____</p> <p>Generation (Jr. III, IV, etc.) _____</p> <p>Race: (check all that apply)</p> <p><input type="checkbox"/> Black / African American      <input type="checkbox"/> White</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander      <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian / Alaskan Native</p> <p>Tribal Affiliation _____</p> <p>Student E-mail _____ @ _____</p> <p>Student Cell phone _____</p> <p>State of Birth _____ Country of Birth _____</p> <p>Birth Verification Attached <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>City _____ State _____</p> <p>County _____ Zip Code _____</p> <p>Home Phone _____</p>
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STUDENT NAME \_\_\_\_\_

GRADE \_\_\_\_\_

**Preferred Mailing Address** (if different)

House Number \_\_\_\_\_ Street Direction (N,S,E,W) \_\_\_\_\_ PO Box \_\_\_\_\_

Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Street Type (St, Ave, Dr, Pl) \_\_\_\_\_ Apt No. \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

**Transportation**

- Open Enrollment Student
- Bus       Walk       Parent Pick-up
- Day Care \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Was Your Student in a Special Program?**

- Special Education     Y  N      Gifted     Y  N
- Speech                     Y  N      504     Y  N
- English Language Learning     Y  N

Last School Attended \_\_\_\_\_

Last District Attended \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Other Children Under 18 Living at This Address**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Attending \_\_\_\_\_

***I VERIFY ALL OF THE INFORMATION  
ON THIS FORM IS ACCURATE***

\_\_\_\_\_  
Enrolling Parent/Guardian Printed Name

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

**Contact # 1** is the student's:

- Father       Mother       Foster Father       Foster Mother       Step-Father       Step-Mother  
 Guardian       Other \_\_\_\_\_

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

Middle Name \_\_\_\_\_ Street Address \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Language \_\_\_\_\_

Contact electronically      Contact Email \_\_\_\_\_ @ \_\_\_\_\_

This contact:

- Is primary contact       Lives with student  
 **CAN** pick up student  
 **HAS** parent portal access  
 Receives report card

This contact is **RESTRICTED**       No contact with student

**Emergency contact?**       Y       N

**Restraining Order** against       Father       Mother       Other \_\_\_\_\_

**Contact # 2** is the student's:

- Father       Mother       Foster Father       Foster Mother       Step-Father       Step-Mother  
 Guardian       Other \_\_\_\_\_

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

Middle Name \_\_\_\_\_ Street Address \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Language \_\_\_\_\_

Contact electronically      Contact Email \_\_\_\_\_ @ \_\_\_\_\_

This contact:

- Is primary contact       Lives with student  
 **CAN** pick up student  
 **HAS** parent portal access  
 Receives report card

This contact is **RESTRICTED**       No contact with student

**Emergency contact?**       Y       N

**Restraining Order** against       Father       Mother       Other \_\_\_\_\_

**Contact # 3** is the student's:

- Father       Mother       Foster Father       Foster Mother       Step-Father       Step-Mother  
 Guardian       Other \_\_\_\_\_

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

Middle Name \_\_\_\_\_ Street Address \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Language \_\_\_\_\_

Contact electronically      Contact Email \_\_\_\_\_ @ \_\_\_\_\_

This contact:

- Is primary contact       Lives with student

**CAN** pick up student

**HAS** parent portal access

Receives report card

This contact is **RESTRICTED**       No contact with student

**Emergency contact?**       Y       N

**Restraining Order** against       Father       Mother       Other \_\_\_\_\_

**Contact # 4** is the student's:

- Father       Mother       Foster Father       Foster Mother       Step-Father       Step-Mother  
 Guardian       Other \_\_\_\_\_

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

Middle Name \_\_\_\_\_ Street Address \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Language \_\_\_\_\_

Contact electronically      Contact Email \_\_\_\_\_ @ \_\_\_\_\_

This contact:

- Is primary contact       Lives with student

**CAN** pick up student

**HAS** parent portal access

Receives report card

This contact is **RESTRICTED**       No contact with student

**Emergency contact?**       Y       N

**Restraining Order** against       Father       Mother       Other \_\_\_\_\_