

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"/> American Indian / Alaskan Native (Tribal Affiliation and Number)	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Asian	
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 _____ PM Bus# _____ Stop _____	Student ID: _____ Entry Code: _____ Start Date: _____ Data Entry Date: _____ Initials of Person Entering Data: _____
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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 () -
<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"/> Is an Emergency Contact <input type="checkbox"/> Receives Report Card <input type="checkbox"/> 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 () -
<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"/> 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:

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:	<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student <input type="checkbox"/> Is an Emergency Contact <input type="checkbox"/> Can have Parent Portal Access (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:	<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student <input type="checkbox"/> Is an Emergency Contact <input type="checkbox"/> Can have Parent Portal Access (Email: _____ @ _____)	

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 Frances Araujo Lopez, Equity & Safety Compliance Officer and Title IX Coordinator, (520) 696-5164, farajuolopez@amphi.com, or Kristin McGraw, Executive Director of Student Services, (520) 696-5230, kmcgraw@amphi.com.