



ALL attached forms in the Registration Packet MUST be complete

- | | |
|--|---|
| _____ Student Registration Form | _____ Student Health Form |
| _____ Home Language Survey | _____ Arizona Residency Documentation Form |
| _____ Student Housing (McKinney Vento) (if applicable) | _____ Affidavit of Shared Residency (if applicable) |
| _____ Record of Special Programs Form | _____ Open Enrollment Application (if applicable) |
| _____ Records Request | _____ Child Nutrition Information |

The following information must be provided at the time of registration:

- Completed Registration Packet
- Photo I.D. of parent/guardian registering the student.
- Proof of Arizona residency – **ONE** of the following must be submitted:
 - Valid Arizona driver's license, Arizona identification card or Arizona motor vehicle registration
 - Valid Arizona Address Confidentiality Program authorization card
 - Property deed, mortgage documents, Property tax bill, lease or rental agreement, Current utility bill (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 or other Documentation from a state or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

➤ If the student resides outside the school's attendance boundaries, an Open Enrollment application must be completed.
- Birth Certificate – The person enrolling a student in the school for the first time will be asked to produce a certified copy of the child's birth certificate. A.R.S. 15-828
- Withdrawal Documents – Official withdrawal documents from previous school.
- Proof of Custody or Guardianship, if applicable – **ONE** of the following must be submitted:
 - Custody Papers
 - Arizona Court Appointed Guardianship papers or Tribal Court Appointed Guardianship
 - Documentation from the Superior Court of Arizona showing the pending court date for your Guardianship hearing. Final papers must be provided within one week of the hearing date.
- IMMUNIZATION RECORDS** – Parent /Guardian **MUST** have proof of immunizations before enrolling:
 - Document signed by physician, physician's office, health provider or former school record with signature.
 - Tetanus (DTaP, DTP, Td) – There must be at least **4** vaccination dates.
 - Tdap- **MUST** have received Tdap (tetanus booster with pertussis protection **after the age of 11 years.**)
 - Polio – **4** doses after 6 weeks of age; 3 doses if at least 1(one) dose was given after 4 years of age.
 - MMR – Measles, Mumps, Rubella – **2** doses are required. **1st** MMR must be after the first birthday.
 - Hepatitis B – **3** doses are required.
 - Varicella (Chicken Pox, VZV)-**1** is required; 2 are recommended.
 - Meningococcal – **1** vaccine **after the age of 11 years.**

Received by: _____ Name _____ Date _____



OFFICE USE ID # _____ Grade _____ Teacher _____ SAIS # _____
 Entry Code _____ Entry Date ____/____/____ School of Attendance _____
 Open Enrollment In-District ___ Yes ___ No School of Residence _____ Open Enrollment Out-of-District ___ Yes ___ No
 Map/Grid Code _____

STUDENT REGISTRATION FORM

STUDENT INFORMATION – NAME AS SHOWN ON BIRTH CERTIFICATE

Last Name		First Name		Middle Name		Jr., III, IV.		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth Month ____ Day ____ Year ____		Birth City		Birth State		Birth Country		Student Email	

ETHNICITY AND RACE (Required by the U.S. Department of Education)		STUDENT BACKGROUND (Please check "YES" or "NO")		YES	NO
Ethnicity: (check one)		Has the student received Special Education Services?			
<input type="checkbox"/> Hispanic or Latino		Has the student ever been Suspended or Expelled?			
<input type="checkbox"/> Not Hispanic or Latino		Has the student received ELL Services?			
Race: (check one of more regardless of ethnicity)		Has the student ever attended Alhambra Elementary School District?			
<input type="checkbox"/> White		Has the student ever been retained?			
<input type="checkbox"/> Asian		If your child was born outside the U.S., what year did your child first enter school in the U.S.?			
<input type="checkbox"/> Native Hawaiian or Pacific Islander					
<input type="checkbox"/> Black or African American					
<input type="checkbox"/> American Indian or Alaska Native					

PREVIOUS SCHOOL INFORMATION

Name of Previous/Last School Attended	Last Day Attended ____/____/____	Previous School Address	Grade
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PARENT/GUARDIAN – MUST BE LISTED ON BIRTH CERTIFICATE OR LEGAL CUSTODY DOCUMENTATION

Mother/Legal Guardian Name			Mother/Guardian (check all that apply)			Father/Legal Guardian Name			Father/Guardian (check all that apply)		
Mother/Legal Guardian Address			<input type="checkbox"/> Student Lives With	Father/Legal Guardian Address			<input type="checkbox"/> Student Lives With				
			<input type="checkbox"/> Contact Allowed				<input type="checkbox"/> Contact Allowed				
City	State	Zip Code	<input type="checkbox"/> Educational Rights	City	State	Zip Code	<input type="checkbox"/> Educational Rights				
			<input type="checkbox"/> Has Custody				<input type="checkbox"/> Has Custody				
Cell Phone			<input type="checkbox"/> Primary	Cell Phone			<input type="checkbox"/> Primary				
Home Phone			<input type="checkbox"/> Primary	Home Phone			<input type="checkbox"/> Primary				
Work Phone			<input type="checkbox"/> Primary	Work Phone			<input type="checkbox"/> Primary				
Email Address						Email Address					
Guardian? <input type="checkbox"/> YES <input type="checkbox"/> NO			If YES, provide legal guardianship documents.			Guardian? <input type="checkbox"/> YES <input type="checkbox"/> NO			If YES, provide legal guardianship documents.		
Custody issues? <input type="checkbox"/> YES <input type="checkbox"/> NO			If YES, provide legal guardianship documents.			Custody issues? <input type="checkbox"/> YES <input type="checkbox"/> NO			If YES, provide legal guardianship documents.		

SIBLING(S) INFORMATION

Siblings Name	Siblings Age	Siblings School	Siblings Name	Siblings Age	Siblings School
1.			3.		
2.			4.		

EMERGENCY CONTACT: is over 18 years old, has permission to pick up my child and may be notified in case of an emergency.

First and Last Name	Relationship to Student	Phone Number	First and Last Name	Relationship to Student	Phone Number
1.			3.		
2.			4.		

Name of Primary Doctor	Phone	Hospital of preference
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I certify that I am the child's parent or legal guardian and that the information I have given above is true and accurate to the best of my knowledge.

Parent/Legal Guardian Name (print)	Parent/Legal Guardian Signature	Date Month ____ Day ____ Year ____
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Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



Dear Parent/Guardian:

All information on this form is confidential. Please complete one form for each family and return it to the school office. The answers to this residency survey help to determine the educational and social service needs of the community and any services your child may be eligible to receive, like homeless assistance.

Section A

Name of Parent/Guardian: _____ Phone: _____

Cell Phone: _____ Email: _____

Total number of persons in household: _____ Primary home language: _____

Address: _____

Is this a new address? Yes No How long do you anticipate staying at this address? _____

Is this address change due to loss of housing or economic hardship? Yes No If No, skip to **Section C** below.

Section B Check all that apply:

Rent Own Hotel/Motel Name: _____ Transitional Housing: _____

Shelter Name _____ Other: _____

Staying with others: Please explain _____

Name of student: _____ Grade: _____ Student ID _____ Teacher: _____ School: _____

Name of student: _____ Grade: _____ Student ID _____ Teacher: _____ School: _____

Name of student: _____ Grade: _____ Student ID _____ Teacher: _____ School: _____

Name of student: _____ Grade: _____ Student ID _____ Teacher: _____ School: _____

Previous school attended: _____ City: _____ State: _____

Please mark any of the following areas that your family is in need of assistance at this time:

- Housing programs
- After-school programs
- Food assistance programs
- Immunizations or health records
- School transportation
- Preschool/Headstart program
- Hygiene/household items
- School uniforms or supplies

Section C

I declare that the information provided here is true and correct and of my own personal knowledge.

Signature of Parent/Guardian: _____ Date: _____

The Rights of the Homeless are located on our website and in the handbook given to every parent either upon enrollment or at the beginning of the school year. If you would like another copy, please ask the office who will be able to assist you.

School Use Only Please ensure the above has Student ID, Teacher and School for each child in the family. Return this form to McKV at the District Office. For immediate needs please email form to McKinneyVentoForms@alhambraesd.org and call Educational Services at 602 336-2920 x2838.

District Use Only

School of Origin Residence Choice Special Transportation Shared In District Bus Passes Perm. House Date _____

I certify that the above named student qualifies for services under the provisions of the McKinney-Vento Act.

District McKinney-Vento Liaison Signature Date

Front Office Binder McKinney Vento School Liaison

Alhambra Elementary School District
4510 N. 37th Avenue
Phoenix, Arizona 85019

Record of Special Programs

PLEASE COMPLETE THIS FORM SO THAT WE MAY ENSURE THAT YOUR CHILD RECEIVES ALL NECESSARY SUPPORT AND SERVICES

Student Name _____ Date of Birth _____

Parent / Guardian _____

Phone: _____ Parent Email: _____

Address where child resides: _____

_____ My child has **NOT** received Special Programs Services / Resource

_____ My child **HAS** received Special Programs Services / Resource *

If you checked that your child HAS received services **PLEASE CHECK BELOW ALL THAT APPLY*

_____ English Language Learner

_____ Gifted

_____ My child has a 504 Plan **MUST** provide current copy of 504 plan

_____ My child has an Individual Education Plan (IEP) **MUST** provide current copy of IEP

PLEASE MARK BELOW THE SPECIAL EDUCATION SERVICES THAT APPLY TO YOUR CHILD.

_____ Resource ___ Reading ___ Math ___ Written Language ___ Other

_____ Adaptive Physical Education

_____ Physical Therapy

_____ Specialized Transportation (per IEP)

_____ Assisted Technology

_____ Speech/Language Therapy

_____ Occupational Therapy

_____ Hearing Impaired

_____ Vision Impairment

_____ Special Class (self-contained) ___ Academic ___ Emotional Behavior ___ Other

Other: _____



AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Please Print all information

The student listed below has enrolled at:

New School: _____

Address: _____

Phone/Fax: _____

Student's Legal Name: _____

Student's Date of Birth: _____ Student's current grade: _____

PREVIOUS SCHOOL INFORMATION

Name of Previous/Last School Attended: _____

Previous School Address: _____

Last Day Attended: ____ / ____ / ____ Grade: _____

Parent's Name: _____

In accordance with the Family Educational Rights and Privacy Act of 1974 and with Arizona State Law, I hereby authorize the school named above to release the following information:

Please include the following records:

____ Official Academic Transcript

____ Health/Shot Records

____ Test Data Scores

____ Discipline Records

____ IEP (if applicable)

____ Attendance Records

____ Withdrawal Form

____ Grades/Report Card

Parent Signature: _____

OR School Official Signature: _____

Date: _____



Health History and Medical Emergency Information

The following information must be completed **EVERY SCHOOL YEAR** to update your student's health records.

Student: Last Name _____ First Name _____ Teacher/Grade _____
 Date of Birth: ____/____/____ Gender (please circle one) Male/Female
 Student Address _____ City _____ Zip _____
 Student lives with (please circle one) Mother/Guardian Father/Guardian
 Mother/Guardian: Name _____ Cell Phone _____ Work Phone _____
 Father/Guardian: Name _____ Cell Phone _____ Work Phone _____
 Doctor's Name _____ Telephone Number _____
 Insurance: _____ Policy # or AHCCCS # _____

Emergency Contacts:

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

Medical Information:

Does your child have or had a history of:

- | | | |
|--|--|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Asthma* | <input type="checkbox"/> Gastrointestinal Disorder |
| <input type="checkbox"/> Allergies* | <input type="checkbox"/> Autism | <input type="checkbox"/> Hearing/Ear Disorder |
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> Birth Defect/Developmental Disorder | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Medication _____ | <input type="checkbox"/> Chicken Pox/Varicella | <input type="checkbox"/> Hemophilia/Bleeding Disorder* |
| <input type="checkbox"/> Insect Stings/Bites | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Neuro Disorder |
| <input type="checkbox"/> Seasonal | <input type="checkbox"/> Diabetes Type 1* | <input type="checkbox"/> Seizure Disorder* |
| <input type="checkbox"/> Skin Ointment _____ | <input type="checkbox"/> Diabetes Type 2* | <input type="checkbox"/> Vision/Glasses |
| <input type="checkbox"/> Latex | <input type="checkbox"/> Emotional/Psychiatric Disorder (depression/bipolar) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Animals _____ | | |

*These conditions will require a current health care plan; please see your school nurse.

Please provide any other information that will help us understand above marked answers:

 At health office's discretion, student may have:

Non-Aspirin (Acetaminophen)	Yes/No
Throat Spray	Yes/No
Oral Anesthetic	Yes/No
Topical Antiseptic/Anesthetic	Yes/No

Is your child currently taking medication(s)? List below:

MEDICATION AT HOME	DOSE	FREQUENCY

MEDICATION AT SCHOOL	DOSE	FREQUENCY

If your child needs to take medication at school, you must provide the medication in the prescription container that provides dosage and time to be administered and a permission form must be completed.

Parent/Guardian Signature _____ Date _____



**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)

___ 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. **(MUST complete Affidavit of Shared Residence form)**

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.



**State of Arizona
Affidavit of Shared Residence**

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- ___ 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)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

The foregoing was acknowledged before me this ___ day of _____, 20__

Administrator OR Notary Signature _____ Notary Commission Expires:

NOTARY -State of Arizona - County of _____

OPEN ENROLLMENT

**ATTENDANCE APPLICATION REQUEST FOR ENROLLMENT FOR TUITION/RESIDENT
TRANSFER/NONRESIDENT PUPILS**

Student's name _____ Birth date _____
Last First M.I.

Special program needs _____

Parent's name _____
Last First M.I.

Home address _____
Street City Zip

Home / Cell phone _____ Work phone _____

The above-named child: resides outside the Alhambra School District; or
 resides within the Alhambra School District

School of Residence _____ District _____

City _____ County _____

Current grade placement/completed _____

Request assignment to _____ School. Current grade _____

Reason for request: _____

Is the above-named child:

- Yes No Expelled from any school or district?
- Yes No Suspended from any school or district?
- Yes No Currently being considered for expulsion from a school or district?
- Yes No N/A In compliance with conditions imposed by a juvenile court?

Do you have children currently attending this school? Yes No If yes, fill out name of child(ren) and grade(s):

Name(s) _____ Grade(s) _____

I understand that continued enrollment in _____ School in the Alhambra School District will be contingent upon available space for the given year and the nonresident student's adherence to District and school rules, the student's prompt and regular attendance, and achievement of Alhambra educational objectives. I also understand that if an overcrowding condition occurs at my child's grade level, I may be required to withdraw him/her from school. I understand that I am responsible for transportation to and from _____ School. Providing false information on this form may result in the application being denied or admission being revoked.

Signature of parent or guardian Date of application

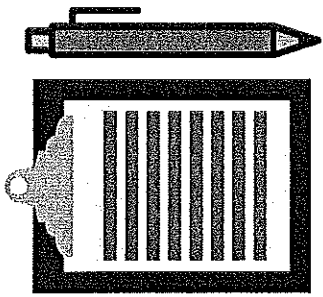
This request is for one (1) year only. An application must be filled out each year for continued enrollment in _____ School.

FOR DISTRICT USE ONLY * DO NOT WRITE BELOW THIS LINE

Address Sector Code _____ Accepted _____ Placed on Waiting List

_____ Denied _____ Reason for Denial _____

Principal _____ Date _____



Submit Your Child Nutrition Forms Today!

ALHAMBRA ELEMENTARY SCHOOL DISTRICT

This year, school meals are FREE for ALL children 0-18 years old. However, we do require that families complete one of the Child Nutrition forms (linked below), depending on your school. This supports school funding, may approve your family for future P-EBT benefits and discounted rates for internet services, and many more. Only one form is needed per household each year.



At least one of my students attends one of the schools listed



DO ANY OF YOUR STUDENTS GO TO ONE OF THESE SCHOOLS?

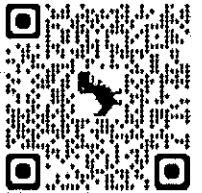
- Alhambra Traditional
- Catalina Ventura
- Arizona K-8 Online Academy
- Granada East
- Granda West
- Global Academy of Phoenix
- Girls Innovation Academy
- Madrid Neighborhood
- Sevilla West
- James W. Rice
- Valencia



I only have students at Barcelona, Cordova, Sevilla East, Choice Learning Academy, Westwood, Carol G. Peck or Alhambra Preschool Academy



Meal Application required
<https://family.titank12.com>



Alternate Income Form required



Questions?
Contact the
Child Nutrition Office at
602-336-2980
childnutrition@alhambraesd.org



This institution is an equal opportunity provider.