

SANTA CRUZ VALLEY UNIFIED SCHOOL DISTRICT #35 • STUDENT REGISTRATION FORM

STUDENT INFORMATION					
Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name	Jr. III, IV, etc.	Grade	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Ethnicity: (Please mark ONLY ONE) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NOT Hispanic/Latino	Race: (Please mark ONE or MORE of the following: <input type="checkbox"/> American Indian or Alaska Native: Tribe: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White		What language would you prefer school-to-home communication: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		
Date Of Birth (Mo./Day/yr.)	Birth City	Birth State	Birth Country	Home Phone () -	

PREVIOUS SCHOOL INFORMATION		
Name of Previous School Attended	Withdrawal Date / /	Previous School Address (City, State, Zip Code)

FAMILY INFORMATION					
Father/Guardian Name (Last, First)	<input type="checkbox"/> Lives with <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed		Mother/Guardian Name (Last, First)	<input type="checkbox"/> Lives with <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed	
Home Address		Home Address			
City	State	Zip Code	City	State	Zip Code
Mailing Address (if different from above)			Mailing Address (if different from above)		
City	State	Zip Code	City	State	Zip Code
Home Phone (<input type="checkbox"/> Primary #) () -	Work Phone (<input type="checkbox"/> Primary #) () -	Home Phone (<input type="checkbox"/> Primary #) () -	Work Phone (<input type="checkbox"/> Primary #) () -		
Cell Phone (<input type="checkbox"/> Primary #)	Relationship to Student	Cell Phone (<input type="checkbox"/> Primary #)	Relationship to Student		
Email Address			Email Address		

STUDENT BACKGROUND
<p>If parents separated/divorced, who has legal custody: _____</p> <p>Does the non-custodial parent have restricted visitation rights? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a copy of the legal documents must be provided.)</p> <p>Are there psychological or confidential reports from student's former school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did your child receive special services? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____</p> <p>If yes, check all that apply: <input type="checkbox"/> Special Education /IEP <input type="checkbox"/> Speech Therapy <input type="checkbox"/> 504 Plan <input type="checkbox"/> Resource <input type="checkbox"/> Gifted <input type="checkbox"/> Title I <input type="checkbox"/> ELL or LEP <input type="checkbox"/> Other</p> <p>Has your child ever been expelled from another educational Institution: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is your child currently in the process of being expelled from a school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is your child currently under a long term suspension? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has your child ever been a SCVUSD #35 student before, including preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has your child ever attended a Public school, Charter School or Private School in Arizona? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name and address of the school _____</p> <p>Has your child ever lived outside of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If so, where? _____</p> <p>What grades did the student complete Outside of U.S. _____ In a U.S. School? _____</p>

HOME LANGUAGE SURVEY (as required by Arizona Department of Education)																					
<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>																					
PLEASE LIST SIBLINGS																					
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">First and Last Name</th> <th style="width:15%;">Age</th> <th style="width:25%;">School</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td></tr> <tr><td>6.</td><td></td><td></td></tr> </tbody> </table>	First and Last Name	Age	School	1.			2.			3.			4.			5.			6.		
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TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE PROVIDED ON THIS FORM IS ACCURATE AND TRUE (FALSIFICATION OF INFORMATION IS A CLASS 6 FELONY – A.R.S. § 13-2407.) STUDENT WILL BE WITHDRAWN FOR FALSE INFORMATION.	<p align="center">X _____ Parent/Guardian Signature</p> <p align="right">_____ Date</p>
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THIS SECTION FOR OFFICE USE ONLY						
Enter Code	Enter Date / /	Perm Number	SAIS ID	School	Teacher	
Proof of Birth Type	Immunization Info. <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent ID <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of Address <input type="checkbox"/> Yes <input type="checkbox"/> No	Neighborhood School <input type="checkbox"/> Yes <input type="checkbox"/> No	Entered into System By	Date Entered into System / /