

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 City and State

FAMILY INFORMATION							
Parent/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		Parent/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		City		State		Zip Code	
Mailing Address (if different from above)		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				Other Information (Check all that apply)			
If parents separated/divorced, who has legal custody: _____ 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.) Are there psychological or confidential reports from student's former school? <input type="checkbox"/> Yes <input type="checkbox"/> No Did your child receive special services? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ 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 Has your child ever been expelled from another educational Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your child currently in the process of being expelled from a school? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your child currently under a long term suspension? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever been a SCVUSD #35 student before, including preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever attended a Public school, Charter School or Private School in Arizona? <input type="checkbox"/> Yes <input type="checkbox"/> No Name and address of the school _____ Has your child ever lived outside of the U.S.? <input type="checkbox"/> Yes No <input type="checkbox"/> If so, where? _____ What grades did the student complete Outside of U.S. _____ In a U.S. School? _____				Military: <input type="checkbox"/> Active <input type="checkbox"/> Reserve Start date: _____ End date: _____ <input type="checkbox"/> Foster/DCS <input type="checkbox"/> Refugee Status <input type="checkbox"/> Migrant (Agricultural or Forestry Industry Dependent) <input type="checkbox"/> Teen Parent <input type="checkbox"/> Chronic Illness			
SIBLINGS IN THE DISTRICT							
First and Last Name		Age		School			
1.							
2.							
3.							
4.							
5.							
6.							

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.		X _____ Parent/Guardian Signature		_____ Date	
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THIS SECTION FOR OFFICE USE ONLY						
Enter Code	Enter Date / /		Perm Number	State 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 / /