

STUDENT REGISTRATION FORM

SNOWFLAKE UNIFIED SCHOOL DISTRICT #5

Home of the Lobos
682 West School Bus Lane
Snowflake, AZ 85937
(928) 536-4156

NATIVE AMERICAN	
Tribe	_____
Census/Enrollment #	_____
Agency	_____
CIB	_____
Form 506	_____

Grade _____

Legal Last name of Student _____ First _____ Middle _____ Name you want your child called at school _____

Date of Birth _____ Official Birth Certificate Yes No Sex M F Age (on August 31st of this year) _____

Birth State _____ Birth City _____ Birth Country _____

Ethnic/Race Background:

Is student Hispanic/Latino? Yes No
 Is student of one or more races? (check all that apply)
 American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

What is the primary language used in the home regardless of the language spoken by the student? _____
 What is the language most often spoken by the student? _____
 What is the language that the student first acquired? _____
 What language(s) should the school use in written notices sent to your home? _____

Physical Address _____ City _____ State **AZ** Zip Code _____
 Mailing Address _____ City _____ State **AZ** Zip Code _____
 Parent Email _____ Student Email _____ Student Cell _____

Family Data

Last Name	First Name	Contact Priority (1, 2, 3)	Student Lives With	Has Legal Custody	Receives Mail	Place of Employment	Business Number	Home/Cell Number
Father								
Mother								
Stepfather								
Stepmother								
Foster Parent/ Legal Guardian								
Other (specify)								

If there is a divorce or separation, please provide custody papers.

Student Residency – The McKinney-Vento Homeless Education Assistance Improvement Act 42 U.S.C. 11435

1. Is your current address a temporary living arrangement? Yes No
 2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No
If YES, Please fill out supplemental form

Last school attended _____ Date withdrawn _____ Grade _____
 School address _____ Street _____ City _____ State _____ Zip Code _____

Has student ever attended school in the Snowflake District? If Yes, School Name _____
 Year attended _____ Grade _____
 Any other pertinent information regarding your child? _____

Parent/Guardian Signature _____ Date _____

Principal/Counselor Signature: _____ Date _____

FOR OFFICE USE ONLY	Student ID# _____	Student SAIS ID# _____	
	Teacher _____	Grade _____	Open Enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No
	Enrollment Date _____	School Year _____	Custody papers on file <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date records requested _____	Language Code _____	Bus # IN _____ OUT _____