

2020/2021 New Student Enrollment

Custodial Alert () Yes () No
Temporary Guardianship () Yes () No
If yes, must provide court documentation
Tribal Affiliation () Yes () No

New Student Information

Student lives with () Both Parents () Mother () Father () Legal Guardian () Foster Parent
Student Name Last First MI Grade DOB Gender () Male () Female
Home Address City Zip
Mailing Address City Zip
Student Cell Phone #
Parent/Guardian Primary Contact Phone Number (only one phone number)
Parent(s)/Guardian(s) Email Address (only one email address)

Parent/Guardian Information

Parent's Marital Status () Married () Single () Divorced () Widowed () Separated
Parent/Guardian 1
() Mother () Father () Step-Mother () Step-Father () Other
Is this Parent/Guardian Active Military? () Yes () No
Employer Work Phone
Home Phone Cell
Parent/Guardian 2
() Mother () Father () Step-Mother () Step-Father () Other
Is this Parent/Guardian Active Military? () Yes () No
Employer Work Phone
Home Phone Cell
Parent/Guardian 3
() Mother () Father () Step-Mother () Step-Father () Other
Is this Parent/Guardian Active Military? () Yes () No
Employer Work Phone
Home Phone Cell
Parent/Guardian 4
() Mother () Father () Step-Mother () Step-Father () Other
Is this Parent/Guardian Active Military? () Yes () No
Employer Work Phone
Home Phone Cell

Previous School Information

Has your child ever previously attended an Arizona school? () Yes () No
Is your child currently suspended from another school? () Yes () No
Last school your child attended Last Date Attended Month Year
Address City and State
Has your child attended Kindergarten? (Answer only if your child is enrolling for First grade) () Yes () No

Administrative approval: Principal or Assistant Principal Date:

*** I consent to the release of my child's name and/or photo for scholarships, yearbook, newspaper and school social media purposes.**

Please circle one: Yes No

*** My child has my permission to attend school functions within the Tri-Community area**

Please circle one: Yes No

Are there psychological or confidential reports available from student's former school?

() Yes () No () IEP () 504

What special services has your child received? Special Education/Handicapped _____

Gifted _____ Remedial reading or math _____ Speech/Language _____

Other _____ (specify): _____

Other Emergency Contact Information (list someone other than parent/guardian)

Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____

Please list any health conditions that your child is diagnosed with, i.e. Asthma, Seizures, etc. _____

****ATTENTION FOR ANAPHYLAXIS (Epi-Pen), ASTHMA (Inhalers) & Diabetic USE ONLY****

Students **ARE** allowed to carry and self-administer these medications only: **medication for diagnosed anaphylaxis (Epi-Pen) - breathing disorders requiring hand held inhaler devices and diabetes. They must have a prescription label on the actual Epi-Pen or inhaler. *Please ask the pharmacist to print an extra label for this purpose.**

I, the undersigned Parent/Guardian, release the school district and its employees, agents & officers of any responsibility in safeguarding the student's Inhaler/Epi-Pen or diabetic supplies.

As the parent/legal guardian of the student, I attest that I am a resident of the state of Arizona per A.R.S. 15-802 (B) and I certify the information on this form is correct.

I UNDERSTAND THAT IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO UPDATE THE SCHOOL IF ANY INFORMATION CHANGES

Parent/Guardian Signature: _____ Date: _____

Office Use Only	Entry Date _____	Entry Code _____
Entry Date in PowerSchool _____	Entered into Powerschool by (Initials) _____	
Date Health Aide Reviewed _____	Health Aide (initials) _____	
Date Copied to Transportation _____	Initials of who copied to Transportation _____	