

TO BE COMPLETED BY PRESIDIO SCHOOL

Registration Form Complete: Initials of Recipient

Table with 4 rows and 4 columns: Registration Packet complete: Date, Time, Test Date, Time, Start Date, Time.

Student Information

Last Name First Name Middle Initial

Street Address City State Zip Code

Home phone # Work phone # Cell #

Birth date Gender: M F Ethnicity: White Hispanic Black Native Am Asian Other

Student's primary language City, State, Country of Birth:

Has student ever attended English as a Second Language (ESL) classes? Yes No

Has student ever been designated as Limited English Proficiency (LEP) or as an English Learner (EL) Yes No

Is student allowed to watch movies in class? Yes No

Mode of transportation: Presidio School bus pass Parent/Guardian transport Bicycle/Walking Other

Table with 4 columns: Previous School(s), Start with the most recent school, City, State, School Yr Attended.

Last Grade Completed Last Date Attended Reason for withdrawal

Ever attended Presidio School before? Year(s)

Has student ever been in Adaptive/Special Education? Yes No (If yes, please answer the following two questions.)

What were the reasons cited for adaptive education?

Was an Individual Education Plan (IEP) ever developed? Yes No Date

Does the student have a medical condition? (If yes, please explain)

Does the student take prescription medicine? (If yes, please explain)

How did you find out about Presidio School? (Check all that apply and circle the one most important in your decision)

Presidio School student Presidio School parent Newspaper Presidio Newsletter Case Manager Phonebook

Previous school Presidio Web Site Alternate Web Site Other

Failure to provide the following information will be viewed as falsification of enrollment documents

Student's Probation Officer (if applicable) Phone

Student's Case Manager (if applicable) Phone

Financial & McKinney Act Eligibility This information is required and is utilized by the Arizona and U.S. Departments of Education to ascertain if *Presidio* is eligible for additional funding for student services.

Total number of people in student's household/family _____ Total annual income for household \$ _____

If the student or the student's family is receiving any of the following, please check all that apply.

General Assistance _____ Food Stamps _____ SSI/SSD _____ AFDC _____

Presently, where is the student living? Please check one box:

- in a Shelter
- with more than one family in a house or apartment (other family rents or owns the property)
- in a motel, car or campsite
- with friends or family members other than parent/guardian
- none of the previous statements apply to this student

Guardian Information

With whom does the student currently live? (mother, father, step parent, relative, friend, group home, self, etc.) _____

Parent/Guardian information:

First Name _____ Last Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip Code _____

Home phone # _____ Work phone # _____ Ext. _____ Cell Phone # _____

First Name _____ Last Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip Code _____

Home phone # _____ Work phone # _____ Ext. _____ Cell Phone # _____

Emergency Contact Information (other than parent/guardian)

First Name _____ Last Name _____ Relationship _____

Home phone # _____ Work phone # _____ Ext. _____ Cell Phone # _____

The following signature(s) confirm that I/we have read the Presidio Student Handbook and the Parent/Student/School NCLB Responsibilities Compact, will abide by all of the policies contained there in; that all previous information contained on this form is complete and accurate to the best of my/our knowledge; and that I/we understand that the omission or misrepresentation of any requested information may result in the revocation of the registration of this student at Presidio.

Student Signature

Date

Parent/Guardian Signature

Date

Presidio School Authorized Signature

Date