

TO BE COMPLETED BY PRESIDIO SCHOOL

Registration Form Complete: Initials of Recipient

Table with 2 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 # Birth date Gender: M F

Ethnicity: White Hispanic Black Native Am Asian Other

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

Is student allowed to watch movies in class? Yes No

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

Previous Pre-School(s) if any: Start with the most recent school City State City State

Does student have a sibling who is now attending Presidio School? Yes No

Does student have an immediate family member(s) who has ever attended Presidio School? Yes No If yes, what was the relationship of the Presidio student(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)

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

2010/2011

Presidio School Kindergarten Student Registration Form

1695 East Ft. Lowell * Tucson, AZ 85719

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 _____

Student's Case Manager (if applicable) _____ Phone _____

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 # _____

Persons authorized to pick your child up from school: (other than parent/guardian)

First Name _____ Last Name _____ Relationship _____

First Name _____ Last Name _____ Relationship _____

First Name _____ Last Name _____ Relationship _____

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.

Parent/Guardian Signature

Date

Presidio School Authorized Signature

Date