

TO BE COMPLETED BY PRESIDIO SCHOOL

Registration Form Complete: Initials of Recipient

Table with 3 rows and 3 columns: Registration Packet complete: Date, Test Date, Start Date; Time

Anticipated Enrollment Grade Level: _____

Student Information

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip Code _____

Home 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 5 columns: Previous School(s), Start with the most recent school, Year, to, Year. Includes rows for Grade Level(s), City, State, From, to.

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 ___ Brochure ___ Other _____

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

Student's Case Manager or Court Appointed Supervisor (if applicable)

Name _____ Position _____ 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 # _____

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 _____