

TO BE COMPLETED BY PRESIDIO SCHOOL

Registration Form Complete: Initials of Recipient

Registration Packet complete:	Date _____	Time _____
Test	Date _____	Time _____
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 _____

Previous School(s)	Start with the most recent school	Year	to	Year
_____	Grade Level(s) _____ City _____ State _____	From _____	to _____	
_____	Grade Level(s) _____ City _____ State _____	From _____	to _____	
_____	Grade Level(s) _____ City _____ State _____	From _____	to _____	
_____	Grade Level(s) _____ City _____ State _____	From _____	to _____	
_____	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