



A Community Passionate About Student Success

Student Registration Process

ENROLLMENT FORM:

Complete enrollment form (front and back)

Please include whom the child lives with, contact priority and work numbers.

List at least one emergency contact other than the parent/guardian. (Parents/Guardians are always called first).

After all the information is complete, parent/guardian must sign and date the enrollment form. We must verify the CERTIFIED BIRTH CERTIFICATE, 2 PROOFS OF ADDRESS, and IMMUNIZATION RECORD.

HOME LANGUAGE SURVEY:

Complete the form including a signature and the date.

STUDENT RESIDENCY QUESTIONNAIRE:

Complete the top portion of form. If answered yes to question 1 or 2 please complete the bottom portion of the form and sign and date.

RELEASE OF STUDENT RECORDS:

Complete top section, including previous school address and phone number. Also complete the bottom section including signature and date.

IN ADDITION TO THE ABOVE, WE WILL NEED THE FOLLOWING TO COMPLETE THE ENROLLMENT PROCESS:

If previously attended an Arizona school we need an official withdrawl paper.

Certified copy of Birth Certificate

Immunization Record

Proof of Residency (any 2 of the following):

Electric bill, water bill, gas bill, lease or mortgage papers.

If you are living with another family at their residence we will also need a notarized affidavit of residency and business mail in the custodial parent/guardian(s) name at the current residence.



Student Enrollment Form

Students Legal Last Name _____ First Name _____ Middle _____

Street Address _____ City _____ Zip _____

Mailing Address (if different) _____ City _____ Zip _____

Home Phone Number _____ Cell _____ Email _____

Birth Date _____ Birth State/Country _____ Grade _____ Gender Male Female (circle One)

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Legal Guardian _____ Occupation _____

If separated or divorced, who has legal custody of this child? _____ Copies of court documents provided: Yes No

Please specify who the student lives with: Mother Father Stepmother Stepfather Legal Guardian Grandparents

In order to register your child in the Buckeye Elementary School District, you must have provided documentation indicating your place of residence. By signing below you affirm that the above address given is accurate. Please be advised: If it is reported that you do not live in the Buckeye Elementary School District and an investigation indicated non residence; your child/children will be withdrawn from school.

Parent/Guardian Signature _____ Employee Verification/Proof _____

What is the primary language used in the home regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

ETHNICITY:

Part 1: Ethnicity: Is the student Hispanic or Latino? *BOTH part 1 and 2 must be answered*****

No, Not Hispanic or Latino Yes, Hispanic or Latino

Part 2: Race: What is the students' race?

American Indian/Alaska Native Asian African American Native Hawaiian/Pacific Islander White

For Office Use Only

Teacher: _____

Date: _____

Entry Date: _____

Grade _____

Enter Code _____

Has child ever been retained? Yes No

Has child ever been expelled? Yes No

Variance/Open Enrollment Yes No

ELL Yes No

School of Attendance

- Bales Buckeye
- Inca Jasinski
- PS Sundance
- WestPark

Bus _____ Walker

Student SAIS # _____

Student ID # _____

Immunizations

Yes No

Certified Birth Certificate

Yes No

Parental Verification

Yes No

Proof of Residency

Yes No

IEP/504

Yes No

Contact Priority – Please list below in Priority Order who and how you would like us to contact you while your child is at school (this should include yourself). Also, if this person is allowed to pick up your child please CIRCLE Yes or No after P/U.

- | | | | | |
|---------------------------|---------------------|-----|---|---|
| 1) Name&Relationship_____ | Phone or Email_____ | P/U | Y | N |
| 2) Name&Relationship_____ | Phone or Email_____ | P/U | Y | N |
| 3) Name&Relationship_____ | Phone or Email_____ | P/U | Y | N |
| 4) Name&Relationship_____ | Phone or Email_____ | P/U | Y | N |
| 5) Name&Relationship_____ | Phone or Email_____ | P/U | Y | N |

Please list below any siblings the student has in the Buckeye Elementary School District.

- | | | |
|---------------------------|----------------|------------|
| 1) Name&Relationship_____ | Birthdate_____ | Grade_____ |
| 2) Name&Relationship_____ | Birthdate_____ | Grade_____ |
| 3) Name&Relationship_____ | Birthdate_____ | Grade_____ |
| 4) Name&Relationship_____ | Birthdate_____ | Grade_____ |
| 5) Name&Relationship_____ | Birthdate_____ | Grade_____ |

School Last Attended_____ City_____ State_____

Phone Number_____ District Name_____ Teacher's Name_____

Previously enrolled in this district? Yes No When?_____ What School?_____

Previously enrolled in another school in Arizona? Yes No When?_____ What School?_____

Please check all the programs your student has been a part of: Gifted Special Ed Migrant Speech 504 Bilingual

If Special Ed is selected ABOVE please complete the below information:

Please select the appropriate Special Education Category: Autism Developmental Delay Emotional Disability Hearing Impaired Multiple Disabilities
Multiple Disabilities – Severe Sensory Impairment Mild Mental Retardation Moderate Mental Retardation Other Health Impairment Orthopedic
Impairment Severe Mental Retardation Specific Learning Disability Speech/Language Impairment Traumatic Brain Injury Visual Impairment

Do you have a copy of the current IEP? Yes No

Do you have a copy of the current Psychoeducational Evaluation? Yes No

I, the undersigned, do hereby authorize officials of Buckeye Elementary School District to Contact the person(s) named on both page 1 and 2 of this form or updated forms and/or permission is granted to transport, render aid, treatment or care as deemed necessary in an emergency. In the event the parent and other person named on either forms cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. I certify that I am a parent with legal control of the child. I understand that it is my responsibility to contact Buckeye School District if I wish to change any information on this for or to revoke my consent given herein.

Parent/Guardian Signature_____ Date_____



A Community Passionate About Student Success

STUDENT RECORD REQUEST

Student Legal Name: _____

Date of Birth: _____ Current Grade: _____

Previous School of Attendance Name & Contact Information

School Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number: _____

Fax Number: _____

Requesting School

School Name: _____

Mailing Address: 25555 West Durango Street, Buckeye, AZ 85326

Phone Number: _____

Fax Number: _____

Information Requested:

Permanent record data: Basic identifying data, attendance data, and academic data

General cumulative data: General administrative data and results of group tests

Health Data: General medical data and reports

Specialized student data: Individualized evaluation records and specialized reports (including reports from outside agencies)

Special education placement records: All records of placement if special education

Suspension and/or expulsion records: All records of suspension and/or expulsion

Other:

Parental Consent

I, _____, as the parent of _____
(Parent Name) (Student's Name)

Consent to the release of records listed above to the party named above. I am aware of my rights to review the records and receive a copy at my expense, if I so request.

Parent Signature: _____ Date: _____



BUCKEYE ELEMENTARY SCHOOL DISTRICT
Migrant Education Program

- 1. Have you worked in agriculture-related jobs...
2. Have you recently moved with your family...
3. Have you left the school district with your family...

If you answered YES to any of the questions, your children may be eligible for services through the Buckeye Elementary School District Migrant Program.

Child's Name
Nombre del Niño/a

School
Escuela

Name of person completing this form
Nombre de la persona que completa esta forma

Mother/Father/Guardian
Madre/Padre/Tutor

Home Phone Number
Número de teléfono en casa

Cell Phone Number
Número de celular

Address
Domicilio



A Community Passionate About Student Success

Buckeye ESD Student Residency Questionnaire

Name of School _____

Name of Student _____
Last First Middle

Birth Date ____/____/____ Age: ____ Grade: _____ Sex: Male Female

3. Is the student under refugee status? Yes ____ No ____
If yes, Country _____ Effective Date _____

4. Was student born outside of the US? Yes ____ No ____ If yes, Country _____
If born outside of US, are the parents in the US Military? Yes ____ No ____

List all schools attended for the past 3 years.

School Year	Grade	School Name	City	State	Country

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes ____ No ____
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes ____ No ____

**If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.**

Where is the student presently living? (Circle one option)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

Will your child need transportation if it is determined that they qualify for the McKinney-Vento Act? Yes No



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____ Student ID _____

Date of Birth _____ SAIS ID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.