

**MESA PUBLIC SCHOOLS: ELEMENTARY STUDENT REGISTRATION FORM - PART A**

|  |   |                           |   |                    |  |
|--|---|---------------------------|---|--------------------|--|
| <b>STUDENT INFORMATION</b>   | SCHOOL:   | SCHOOL YEAR:              | TEACHER:  | ROOM:              | GRADE:   |
|  | STUDENT'S LEGAL NAME (AS IT APPEARS ON THE BIRTH CERTIFICATE): LAST NAME FIRST NAME MIDDLE NAME |                           |   | LAST NAME GOES BY: | GENDER:  |
|  | ADDRESS:  | CITY:                     | STATE:  | ZIP CODE:          | NICKNAME:  |
|  | MAILING ADDRESS IF DIFFERENT FROM ABOVE:  |                           |   |                    | PHONE (REQUIRED): <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK<br><input type="checkbox"/> CHECK IF UNLISTED<br><input type="checkbox"/> DO NOT USE EXCEPT FOR ATTENDANCE AND EMERGENCIES |
|  | BIRTHDATE:  | BIRTHPLACE (CITY, STATE): | CUSTODY ISSUES: <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>IF YES — PROVIDE COURT DOCUMENTS TO SCHOOL OFFICE.</b> |                    |  |
| NOTE: THIS INFORMATION IS REQUIRED BY THE U.S. DEPARTMENT OF EDUCATION.<br>ETHNICITY: (CHECK ONE)<br><input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO   |   |                           | WHAT IS THE PRIMARY LANGUAGE USED IN THE HOME REGARDLESS OF THE LANGUAGE SPOKEN BY THE STUDENT? _____                                 |                    |  |
| RACE: (CHECK ONE OR MORE, REGARDLESS OF ETHNICITY) <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE<br><input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER<br><input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE |   |                           | WHAT IS THE LANGUAGE MOST OFTEN SPOKEN BY THE STUDENT? _____  |                    |  |
|  |   |                           | WHAT IS THE LANGUAGE THAT THE STUDENT FIRST ACQUIRED? _____   |                    |  |
|  |   |                           | PREFERRED LANGUAGE FOR MESSAGES/MAILINGS SENT TO HOME: _____  |                    |  |

LAST NAME:

See Enrolling Parent Definition in Part B (Page 2 of 3)

|                           |                         |   |  |   |
|---------------------------|-------------------------|---|--|---|
| <b>PARENT INFORMATION</b> | <b>ENROLLING PARENT</b> | CONTACT THIS PERSON <input type="checkbox"/> 1 <sup>ST</sup> <input type="checkbox"/> 2 <sup>ND</sup> <input type="checkbox"/> 3 <sup>RD</sup> <input type="checkbox"/> 4 <sup>TH</sup> | GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE                            | RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER: |
|                           |                         | NAME:   | PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK | ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK  |
|                           |                         | ADDRESS: <input type="checkbox"/> SAME AS STUDENT   | EMPLOYER:  | PREFERRED EMAIL ADDRESS:  |
|                           |                         |   |  |   |
| <b>PARENT INFORMATION</b> | <b>PARENT</b>           | CONTACT THIS PERSON <input type="checkbox"/> 1 <sup>ST</sup> <input type="checkbox"/> 2 <sup>ND</sup> <input type="checkbox"/> 3 <sup>RD</sup> <input type="checkbox"/> 4 <sup>TH</sup> | GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE                            | RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER: |
|                           |                         | NAME:   | PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK | ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK  |
|                           |                         | ADDRESS: <input type="checkbox"/> SAME AS STUDENT   | EMPLOYER:  | PREFERRED EMAIL ADDRESS:  |
|                           |                         |   |  |   |
| <b>PARENT INFORMATION</b> | <b>PARENT</b>           | CONTACT THIS PERSON <input type="checkbox"/> 1 <sup>ST</sup> <input type="checkbox"/> 2 <sup>ND</sup> <input type="checkbox"/> 3 <sup>RD</sup> <input type="checkbox"/> 4 <sup>TH</sup> | GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE                            | RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER: |
|                           |                         | NAME:   | PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK | ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK  |
|                           |                         | ADDRESS: <input type="checkbox"/> SAME AS STUDENT   | EMPLOYER:  | PREFERRED EMAIL ADDRESS:  |
|                           |                         |   |  |   |
| <b>PARENT INFORMATION</b> | <b>PARENT</b>           | CONTACT THIS PERSON <input type="checkbox"/> 1 <sup>ST</sup> <input type="checkbox"/> 2 <sup>ND</sup> <input type="checkbox"/> 3 <sup>RD</sup> <input type="checkbox"/> 4 <sup>TH</sup> | GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE                            | RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER: |
|                           |                         | NAME:   | PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK | ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK  |
|                           |                         | ADDRESS: <input type="checkbox"/> SAME AS STUDENT   | EMPLOYER:  | PREFERRED EMAIL ADDRESS:  |
|                           |                         |   |  |   |

FIRST NAME:

ID:

|   |  |                         |   |           |   |
|---|--|-------------------------|---|-----------|---|
| <b>EMERGENCY OR STUDENT BEING SENT HOME</b> | If my child is being sent home or must leave school and I am unavailable, I authorize the following persons to take temporary custody of and responsibility for my child. For any nonemergency circumstance, including appointments during the school day, I understand it is my responsibility to notify the school in advance when my child will leave school and to indicate who will pick my child up and take responsibility. |                         |   |           |   |
|   | LOCAL FRIEND OR RELATIVE   | RELATIONSHIP TO STUDENT | PHONE   | EXTENSION | ALTERNATE PHONE   |
|   |  |                         | <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK |           | <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK |
|   |  |                         | <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK |           | <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK |
|   |  |                         | <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK |           | <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK |
|   | PHYSICIAN  | PHONE:                  | HOSPITAL PREFERENCE:  |           |   |

|  |  |   |
|--|--|---|
| <b>STUDENT HEALTH CONDITIONS</b>   | <input type="checkbox"/> Heart <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes | <ul style="list-style-type: none"> <li>I understand Mesa Public Schools does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school. I understand I may voluntarily purchase a student accident insurance plan.</li> <li>I understand I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.</li> <li>I understand if my child needs medication or other health services at school, I must make arrangements with the school health office.</li> </ul> |
|  | <input type="checkbox"/> Hearing <input type="checkbox"/> Allergies                              |   |
|  | Specify health problems or any severe allergies:   |   |
|  | Is your child on daily medication? <input type="checkbox"/> Yes <input type="checkbox"/> No      |   |
|  | Specify:   |   |
| Do you authorize the health office to give your child acetaminophen (non-aspirin substitute)? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| Recent surgery, accident or serious illness (past year):   |  |   |

I affirm all Registration & Emergency Information on this form is accurate, I understand it is my responsibility to notify the school in writing of any changes, and I have read and understand the information provided to me in this registration form.

Signature of Enrolling Parent: \_\_\_\_\_ Date: \_\_\_\_\_

I (the enrolling parent) affirm that I am an Arizona resident:  Yes  No

|                        |                  |                  |                           |           |
|------------------------|------------------|------------------|---------------------------|-----------|
| <b>OFFICE USE ONLY</b> | ENROLLMENT DATE: | ENROLLMENT CODE: | DATE ENTERED ON COMPUTER: | INITIALS: |
|------------------------|------------------|------------------|---------------------------|-----------|

## ENROLLING PARENT DEFINITION

The enrolling parent is ordinarily the natural parent, adoptive parent or legal guardian with whom the student lives most of the school week and who signs school registration forms. In the event of an emergency, school staff members will attempt to contact the enrolling parent first, unless a different order is indicated. If the enrolling parent cannot be reached, the school staff will then call the other parents/guardians listed. If the enrolling parent or other parents/guardians cannot be reached, school staff will call the individuals listed as emergency contacts.

## STUDENT HANDBOOKS AND BEHAVIOR GUIDELINES

During the first week of school, your child will be given classroom rules, a student handbook and an **Information & Guidelines** pamphlet concerning student behavior expectations to bring home and share with you. If you do not receive this from your child within the first two weeks of school, or if you need more information, please contact the school office.

## OPT OUT OPTIONS

### STUDENT INTERNET AND MPSConnect ACCESS

Mesa Public Schools provides students Internet access and Student MPSConnect accounts, which include email, calendars, documents and file storage to support academic activities. Teachers provide guidance and direction on the appropriate use of the Internet and MPSConnect. In accordance with the federal Child Internet Protection Act (CIPA), the district uses filters to block access to Web content that is inappropriate. Unless you opt out, your child will be provided school Internet access and an MPSConnect account accessible from school or home. Home Web content filtering and monitoring is the responsibility of the parent/guardian.

### DISTRICT AND NEWS MEDIA COVERAGE

Your child may be interviewed, photographed, or audio- or video-recorded by the news media or district staff for print, radio, television, Internet content or other medium.

### DIRECTORY INFORMATION

In limited situations, the district may disclose "directory information," which is the student's name, address, email address and telephone number; the parents' names, addresses and telephone numbers; the student's photograph; date and place of birth; class/grade level; enrollment dates; weight and height if the student is a member of an athletic team; awards received; and extracurricular participation.

Unless the parent opts out of directory information releases, the district will disclose such information only if the request is from (i) a post-secondary institution such as a college or university; (ii) a law enforcement agency or the Department of Child Safety; or (iii) a vendor selected by the school to provide a school-related service, such as class photos and yearbooks. Under no circumstance will the district provide directory information to a person or entity for a mass marketing purpose.

### HOW TO OPT OUT

- **You may opt out of district and news media coverage or directory information releases by completing an Opt Out form and submitting it to the school office within the first two weeks of school or enrollment, whichever is later.**
- **You may opt out of student Internet access by completing an Opt Out form and submitting it to the school office anytime during the school year.**
- **This form must be resubmitted each school year. For more information, see the district's *Information & Guidelines*.**

**The Opt Out form is available in the school office or at [www.mpsaz.org/optout](http://www.mpsaz.org/optout). Please also share your opt out selections with your child's teacher.**

## ATTENDANCE

We count on parents to ensure that children attend school and arrive on time.

### ABSENCES

Parents are expected to inform the school when their children will be absent. If we don't hear from parents, the school will make reasonable efforts to notify parents within the applicable time periods prescribed by law. Let us know right away if you change phone numbers.

Parents should provide notes from doctors and dentists to excuse children for appointments, illnesses or injuries.

If parents do not authorize absences within one day after their children return to school, absences are unexcused.

Parents who anticipate extended absences should contact the school. If they do not, children are withdrawn from school after missing 10 days in a row.

### TARDINESS

Students are tardy if they are not seated when the bell signals the start of class.

### TRUANCY

Attendance officers may talk to parents about legal consequences of truancy. If students are habitually truant or excessively absent, parents and students may be cited and referred to the court.

Students are habitually truant if they have five or more unexcused absences. They are excessively absent if they have 18 or more excused or unexcused absences.

## SIBLING LIST:

Please list ALL brothers and sisters of school age and younger (oldest first).

| NAME (first and last) | AGE   | SCHOOL (if attending) | GRADE |
|-----------------------|-------|-----------------------|-------|
| _____                 | _____ | _____                 | _____ |
| _____                 | _____ | _____                 | _____ |
| _____                 | _____ | _____                 | _____ |
| _____                 | _____ | _____                 | _____ |
| _____                 | _____ | _____                 | _____ |



# MESA PUBLIC SCHOOLS: ELEMENTARY STUDENT REGISTRATION FORM - PART C

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ PARENT/GUARDIAN NAME: \_\_\_\_\_

**PREVIOUS SCHOOLS ATTENDED**

Last school attended:

SCHOOL NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATES \_\_\_\_\_

Type:  Public  Private  Charter  Alternative  Correctional Facility  Other: \_\_\_\_\_

Has this student ever attended Mesa Public Schools?  
 Yes  No If yes, indicate grade(s), and year(s): \_\_\_\_\_

**SPECIAL CLASSES & ACCOMMODATIONS**

Has this student ever participated in special classes or programs?  Yes  No If yes, please check the appropriate box(es) below.

SEI/English Language Development  
 Band  Strings  
 Speech Therapy  
 Extended Learning Program (ELP)/Gifted/Accelerated  
 Special Education:  ED  Autism  SLD  MIID  MOID  SID  OT  SLI  Other: \_\_\_\_\_  
 Does this student have a current IEP?  Yes  No If yes, please provide a copy.  
 Does this student have a current MET report?  Yes  No If yes, please provide a copy.  
 Does this student have a current 504 plan?  Yes  No If yes, please provide a copy.

**LEGAL DOCUMENTS**

Please mark any items that apply to this student, and provide the school with copies of related court documents.

Custody/parenting time agreement  
 Letters of guardianship for court-appointed guardian  
 Power of Attorney  
 Student is not living with his/her biological parents  
 Student has an injunction against harassment against/from another person  
 Student has an order of protection against/from another person  
 Student is covered by a court order regarding school

**SUSPENSION/EXPULSION DISCIPLINE INFORMATION**

Has this student ever been suspended from school?  Yes  No Date: \_\_\_\_\_

Has this student ever been expelled from school?  Yes  No Date: \_\_\_\_\_

Has either action ever been recommended for this student?  Yes  No Date: \_\_\_\_\_

Dates of suspension/expulsion: \_\_\_\_\_ From which school? \_\_\_\_\_

Length of suspension/expulsion:  1-5 days  6-10 days  More than 10 days: Specify: \_\_\_\_\_

Reason for suspension/expulsion: \_\_\_\_\_

If on open enrollment at another Mesa school, was it revoked?  Yes  No

Has this student ever attended school at a correctional facility?  Yes  No

**OTHER**

Transportation to and from school will be:  Bus  Walking  Parent will transport  Daycare van  Other: \_\_\_\_\_

Would you like information about the free or reduced-price lunch program?  Yes  No

Are you an American Indian?  Yes  No If yes, what community do you live in:  Salt River  Ft. McDowell  Mesa (in-town)

What is your US tribal number? \_\_\_\_\_

### OFFICE USE ONLY

Student ID#: \_\_\_\_\_ Open Enrollment:  Yes  No

Birth Certificate  IEP  Proof of Address  Immunizations  Custody Documents  Attendance  
 Transfer Grades  Folder  Health Card  Screen  W/D Grades to Teachers  Statement of Awareness

Tested: Math: \_\_\_\_\_ Reading: \_\_\_\_\_

RECORDS REQUESTED: \_\_\_\_\_ OTHER: \_\_\_\_\_ RECORDS RECEIVED: \_\_\_\_\_ OTHER: \_\_\_\_\_



## RIGHTS OF HOMELESS STUDENTS

**Mesa Public Schools** shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applies to all services, programs, and activities provided or made available.

A student may be considered eligible for services as a "Homeless Child or Youth" under the McKinney-Vento Homeless Assistance Act if he or she is presently living:

- In a shelter, temporary shared housing, or transitional living program
- In a hotel/motel, campground, or similar situation due to lack of alternatives
- At a bus station, park, car, or abandoned building

According to the McKinney-Vento Homeless Act, eligible students have rights to:

**Immediate enrollment:** *Documentation and immunization records cannot serve as a barrier to the enrollment in school.*

**School Selection:** *McKinney Vento eligible students have a right to select from the following schools:*

- The school he/she attended when permanently housed (School of Origin)
- The school in which he/she was last enrolled (School of Origin)
- The school in the attendance area in which the student currently resides (School of Residency)

**Remain enrolled** *in his/her selected school for the duration of homelessness, and until the end of the academic year upon which they are permanently housed.*

**Participate in programs** *for which they are eligible, including Title I, National School Lunch Program, Head Start, Even Start, etc.*

**Transportation Services:** *A McKinney-Vento eligible student attending his/her School of Origin has a right to transportation to and from the School of Origin.*

**Dispute Resolution:** *If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district. The school district must respond and attempt to resolve it quickly. During the dispute, the student must be immediately enrolled in the school and provided transportation until the matter is resolved. The Homeless Liaison will assist you in making decisions, providing notice of any appeal process, and filling out dispute forms.*

For more information, refer to <http://www.azed.gov/populations-projects/home/homeless/> or contact:

|  |  |
|--|--|
| <i>Rita Rodriguez<br/>Homeless Liaison<br/>Mesa Public Schools<br/>CSC, Title 1 Office<br/>549 N. Stapley Drive<br/>Mesa, AZ 85203-7203<br/>(480) 472-0291</i> | <i>Frank Migali<br/>State Coordinator for Homeless &amp;<br/>Refugee Education<br/>Arizona Department of Education<br/>1535 W. Jefferson Street<br/>Phoenix, AZ 85007<br/>(602) 542-4963</i> |
|--|--|



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.

**Mesa Public Schools**  
**AFFIDAVIT OF ARIZONA RESIDENCY**

Student \_\_\_\_\_ School \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Current Residence Address \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of one of the following documents that displays my name and current residential address or physical description of the property where the student resides:

- \_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_ Valid U.S. passport
- \_\_\_ Real estate deed or mortgage documents
- \_\_\_ Property tax bill
- \_\_\_ Residential lease or rental agreement
- \_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_ Bank or credit card statement
- \_\_\_ State income tax return or W-2 wage statement
- \_\_\_ Payroll stub
- \_\_\_ Certificate of tribal enrollment or other identification, issued by a recognized American Indian tribe, that contains an Arizona address
- \_\_\_ Documentation from a state, tribal, or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
  
- \_\_\_ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Date \_\_\_\_\_