

# QUEEN CREEK UNIFIED SCHOOL DISTRICT #95

\_\_\_ DME \_\_\_ FBPE \_\_\_ FMSE \_\_\_ GPA \_\_\_ JBE \_\_\_ KMBE \_\_\_ SE \_\_\_ SVE \_\_\_ QCE \_\_\_ QCJH \_\_\_ NBJH \_\_\_ EHS \_\_\_ QCHS \_\_\_ CHS \_\_\_ QCVA

LAST NAME

FIRST NAME

MIDDLE NAME

STUDENT ID #

GRADE

GENDER

HOME LANGUAGE

NICK NAME

SAIS ID #

DATE OF BIRTH

What language do people speak in the home most of the time? \_\_\_\_\_

What language does the student speak most of the time? \_\_\_\_\_

What language did the student first speak or understand? \_\_\_\_\_

SUBDIVISION

TRIBAL NAME

BIRTH CITY

BIRTH STATE

BIRTH COUNTRY

YOU MUST SELECT - CIRCLE ONE RACE: HISPANIC OR NON-HISPANIC

YOU MUST SELECT - CIRCLE AT LEAST ONE ETHNICITY: WHITE BLACK ASIAN NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER  
AMERICAN INDIAN/ALASKAN NATIVE

PHYSICAL HOME ADDRESS / SUBDIVISION

CITY

STATE

ZIP CODE

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL HOME ADDRESS)

CITY

STATE

ZIP CODE

WHO DOES STUDENT LIVE WITH (Circle One): BOTH PARENTS MOTHER FATHER STEP-MOTHER STEP-FATHER GUARDIAN FOSTER

MOTHER'S NAME

CELL PHONE

EMAIL ADDRESS

HOME PHONE

WORK PHONE

EMPLOYER

CHECK BOXES THAT APPLY:  Contact Allowed  Education Rights  Has Custody  Mailings Allowed  Enrolling Parent  
 Release To  Deceased  Other \_\_\_\_\_

FATHER'S NAME

CELL PHONE

EMAIL ADDRESS

HOME PHONE

WORK PHONE

EMPLOYER

CHECK BOXES THAT APPLY:  Contact Allowed  Education Rights  Has Custody  Mailings Allowed  Enrolling Parent  
 Release To  Deceased  Other \_\_\_\_\_

WILL YOUR STUDENT RIDE THE BUS TO OR FROM SCHOOL?  NO  YES AM ROUTE # \_\_\_\_\_ PM ROUTE # \_\_\_\_\_

EMERGENCY CONTACTS: Please list them in the priority that you would like them called

1.	_____	_____	_____
	CONTACT NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER(S)
2.	_____	_____	_____
	CONTACT NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER(S)
3.	_____	_____	_____
	CONTACT NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER(S)
4.	_____	_____	_____
	CONTACT NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER(S)

Has your student been enrolled in this District or in Arizona before? If yes, what School/District? \_\_\_\_\_

When did your student enter US Schools? Please give year and grade: \_\_\_\_\_

Has your student ever been suspended?  Yes  No

Has your student ever been retained?  Yes  No

Is your student currently being considered for expulsion?  Yes  No

Has your student been expelled from any School/District?  Yes  No

Does your student have any special needs? If yes, please identify (circle what applies) ELL GIFTED SPEECH TITLE 1  
504 SPECIAL EDUCATION

**NOTE: IF YOUR STUDENT IS RECEIVING SPECIAL EDUCATION SERVICES, PLEASE PROVIDE A COPY OF THE IEP UPON REGISTRATION**

Have you, your spouse, and/or your children moved into this school district within the last 12 months?  Yes  No

Are you and/or your spouse currently employed in agriculture or are you looking for agriculture work?  Yes  No

Please list all siblings attending this or other Queen Creek Schools:

NAME, AGE,  
SCHOOL

NAME, AGE, SCHOOL

NAME, AGE,  
SCHOOL

NAME, AGE, SCHOOL

NAME, AGE,  
SCHOOL

NAME, AGE, SCHOOL

\_\_\_\_\_ **Birth Certificate\*** (If you do not have a certified copy, one must be obtained within 30 days of registration)

\_\_\_\_\_ **Immunization Record** (No child will be admitted without an immunization record according to the Arizona Department of Health)

\_\_\_\_\_ **Current Utility Bill** (electric, gas or water)

\_\_\_\_\_ **Photo ID of Parent/Guardian** (If student resides with Guardian, documents must be provided)

\_\_\_\_\_ **Transcripts** (High School Only)

I understand that providing false information on this form may result in the application being denied or admission being revoked. The signatory affirms that the student will abide by the rules, standards, and policies of the School and Queen Creek Unified School District.

SIGNATURE OF PARENT/GUARDIAN

DATE

\* On enrollment of a pupil for the first time in a particular school district or private school offering instruction to pupils in any Kindergarten programs or grades one through twelve that, that school or school district shall notify the person enrolling the pupil in writing that within thirty days the person must provide one of the following:

1. A certified copy of the pupil's birth certificate.
2. Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate.
3. A letter from the authorized representative of an agency having custody of the pupil pursuant to Title 8, Chapter 2.1 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

### OFFICE USE ONLY

TRACK:

GRADE:

TEACHER:

ID#:

GRAD YEAR:

AZ ENTRY DATE:

RESIDENT DISTRICT:

ENROLL DATE/CODE:

ENTERED BY:

DATE: