

STUDENT INFO

LIVES WITH

SCHOOL INFO

EMERGENCY

STUDENT NUMBER	SAIS NUMBER	FAMILY CODE
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# ENROLLMENT FORM

LEGAL LAST NAME	FIRST NAME	MIDDLE NAME	GOES BY
ADDRESS	CITY	ZIP CODE	HOME PHONE
			SEX Male <input type="radio"/> Female <input type="radio"/>
BIRTH PLACE (CITY, STATE, COUNTY)	BIRTH DATE	<b>Has your child ever received Special Services, including Speech/Language ?</b> Yes <input type="radio"/> No <input type="radio"/>	

FATHER <input type="radio"/>	STEPFATHER <input type="radio"/>	FOSTER FATHER <input type="radio"/>	GUARDIAN (MALE) <input type="radio"/>	OTHER <input type="radio"/>
NAME	BUSINESS PHONE	PLACE OF CONTACT DURING SCHOOL		
MOTHER <input type="radio"/>	STEPMOTHER <input type="radio"/>	FOSTER MOTHER <input type="radio"/>	GUARDIAN (FEMALE) <input type="radio"/>	OTHER <input type="radio"/>
NAME	BUSINESS PHONE	PLACE OF CONTACT DURING SCHOOL		

If student does not live with legal parent(s) please complete the following:

LEGAL FATHER	BUSINESS PHONE	PLACE OF CONTACT DURING SCHOOL
LEGAL MOTHER	BUSINESS PHONE	PLACE OF CONTACT DURING SCHOOL
MOTHER'S NAME ON BIRTH CERTIFICATE		
BROTHER(S) / SISTER(S) IN THIS DISTRICT		
PHOENIX DISTRICT NO. 1 SCHOOL(S) ATTENDED:		
LAST SCHOOL ATTENDED:	DISTRICT	ADDRESS

FAMILY PHYSICIAN OR CLINIC	PHONE NO.	HOSPITAL PREFERENCE
PERSON TO CALL IN CASE OF EMERGENCY (OTHER THAN PARENT/GUARDIAN) - NAME	ADDRESS	PHONE NO.
1.		
NAME	ADDRESS	PHONE NO.
2.		

HEALTH INFO

History: Check the (O) that your child has had

<input type="radio"/> Allergic to: _____	<input type="radio"/> Asthma
<input type="radio"/> Chicken Pox	<input type="radio"/> Seizure Disorder
<input type="radio"/> ENT / Hearing	<input type="radio"/> Heart Condition
<input type="radio"/> Orthopedic Condition	<input type="radio"/> Rheumatic Fever
<input type="radio"/> T.B. or Contact	<input type="radio"/> Wheelchair
<input type="radio"/> Vision Problems	<input type="radio"/> Valley Fever

Additional Health Info. \_\_\_\_\_

<input type="radio"/> AHCCS	<input type="radio"/> Kids Care	<input type="radio"/> Private Insurance	<input type="radio"/> No Insurance
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Do you wish a conference with the School Nurse?  Yes  No

HOME LANGUAGE SURVEY	Language
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 DESIGNATION	Indicate the student's race. (Select all that apply)
Is this student American Indian or Alaska Native <input type="radio"/>	Asian <input type="radio"/>
Hispanic or Latino? <input type="radio"/>	Native Hawaiian or Other Pacific Islander <input type="radio"/>
<input type="radio"/> Yes <input type="radio"/> No	Black or African American <input type="radio"/>
	White <input type="radio"/>

Has a family member worked or intended to work in agriculture in the last three years?  Yes  No

	C.I.B. NUMBER	TRIBAL NAME
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State Law requires that the legal parent/guardian provide consent for minors to receive care and treatment for minor injuries and illness.

1. Do you give consent to the school to provide care and treatment for your child?  
 Yes  No

2. I hereby give permission to the school for my child to receive the following, if necessary, (check the ones you approve of).

Tylenol (Acetaminophen) \_\_\_\_\_ Cough Medicine \_\_\_\_\_

The information listed is accurate and complete to the best of my knowledge.

_____ SIGNATURE OF PARENT / GUARDIAN	_____ DATE
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FOR OFFICE USE ONLY			
SCHOOL	TEACHER	GRADE	
SECTION	ROOM	ENTRY DATE	ENTRY CODE
BC <input type="radio"/>	BVS <input type="radio"/>	BAP <input type="radio"/>	AGE SEPT. 1