

WILSON K-8 SCHOOL

Acknowledgement / Registration Checklist

IMPORTANT: To effectively maintain accurate **contact information** (i.e. address, phone numbers) for Returning students, please review current information on file in Parent Portal under “Personal Details” and indicate below if changes are necessary for this year. **Please attach ONE Proof of Residency (i.e. utility bill, lease) to the Residency Form EVERY YEAR when submitting the registration packet.**

***Check YES or NO below before submitting forms for RETURNING STUDENTS.**

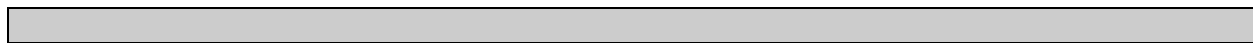
- Yes**, information has changed, please update
- No**, information has NOT changed

Student Name: _____ Current Grade: ____ || Next Year’s Grade: ____

Parent Signature (required): _____ Date: _____

Check below items provided to registrar

REGISTRATION PACKET CHECKLIST	
FORMS and DOCUMENTS Required for Registration	
<input type="checkbox"/> YES RETURNING STUDENT Packet Submit the forms below	<input type="checkbox"/> YES NEW STUDENT Packet Submit the forms below
<input type="checkbox"/> Acknowledgement/Registration Checklist <input type="checkbox"/> Student Registration <input type="checkbox"/> Residency Form <input type="checkbox"/> Proof of Residency <u>document</u> (Mandatory) attach <u>ONE</u> of the examples below ▶ <u>homeowner/renter</u> : utility bill, tax, deed, pay stub, insurance, bank statement, purchase agreement, mortgage, lease or rental agreement <input type="checkbox"/> Elective Selection Form <input type="checkbox"/> Primary Home Language Survey <input type="checkbox"/> Sex Ed Form (5-8 only) <input type="checkbox"/> Cell Phone Agreement (6-8 only) <input type="checkbox"/> PTO Form-Communication <input type="checkbox"/> McKinney-Vento Questionnaire	<u>Documents</u> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization Records (*see Nurse) <input type="checkbox"/> Withdrawal Form (prior school) <input type="checkbox"/> Report card/Grades <input type="checkbox"/> Achievement Tests <input type="checkbox"/> Proof of Residency <u>document</u> (Mandatory) attach <u>ONE</u> of the examples below ▶ <u>homeowner/renter</u> : utility bill, tax, deed, pay stub, insurance, bank statement, purchase agreement, mortgage, lease or rental agreement
<p style="text-align: center;">↓↓↓↓ Additional Documents If Applicable ↓↓↓↓ <i>If information Changed or is New - UPDATE</i></p> <input type="checkbox"/> Custody document <input type="checkbox"/> Pending Custody (Court Order/Decree/Custody Document/Court Hearing date document /Power of Attorney)	<u>Forms</u> <input type="checkbox"/> Acknowledgement/Registration Checklist <input type="checkbox"/> Student Registration <input type="checkbox"/> Residency Form <input type="checkbox"/> Elective Selection Form <input type="checkbox"/> Primary Home Language Survey <input type="checkbox"/> Sex Ed Form (5-8 only) <input type="checkbox"/> Cell Phone Agreement (6-8 only) <input type="checkbox"/> PTO Form-Communication <input type="checkbox"/> McKinney -Vento Questionnaire <input type="checkbox"/> Student Records Request
<p style="text-align: center;">↓↓↓↓ Additional Documents If Applicable ↓↓↓↓</p> <input type="checkbox"/> Custody document <input type="checkbox"/> Pending Custody (Court Order/Decree/Custody Document/Court Hearing date document /Power of Attorney) <input type="checkbox"/> IEP <input type="checkbox"/> Evaluation Reports <input type="checkbox"/> 504 <input type="checkbox"/> Gifted	
<p>Comments:</p>	
<input type="checkbox"/> YES, I attended another Amphi School [School: _____ Grade or Year Attended: _____]	



Amphitheater Public Schools Student Registration
STUDENT INFORMATION
 Part 1 of 4



_____ School

**THIS AREA
FOR OFFICE USE ONLY**

Student ID# _____

Grade _____ Bus Rider Y N

AM Bus # _____ Stop _____

PM Bus # _____ Stop _____

Data Entry Date _____ Entry Code _____

Initials of Person Entering Data _____

Student's LAST Name

Middle Name _____

Gender: M F Grade _____

Ethnicity: Hispanic Non-Hispanic

Date of Birth _____

Nickname _____

Former Name _____

Birth Place _____

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?

Preferred correspondence language?

Physical Address new address

House Number _____ Street Direction (N,S,E,W) _____

Street Name _____

Street Type (St, Ave, Dr, Pl) _____ Apt No. _____

Student's FIRST Name

Generation (Jr, III, IV, etc.) _____

Race: (check all that apply)

- Black / African American White
 Native Hawaiian/Pacific Islander Asian
 American Indian / Alaskan Native

Tribal Affiliation _____

Student E-mail _____ @ _____

Student Cell phone _____

State of Birth _____ Country of Birth _____

Birth Verification Attached Y N

City _____ State _____

County _____ Zip Code _____

Home Phone _____

STUDENT NAME _____

GRADE _____

Preferred Mailing Address (if different)

House Number _____ Street Direction (N,S,E,W) _____ PO Box _____
Street Name _____ City _____ State _____
Street Type (St, Ave, Dr, Pl) _____ Apt No. _____ County _____ Zip Code _____

Transportation

- Open Enrollment Student
- Bus Walk Parent Pick-up
- Day Care _____
- Other _____
- Other _____

Was Your Student in a Special Program?

- Special Education Y N Gifted Y N
- Speech Y N 504 Y N
- English Language Learning Y N

Last School Attended _____
Last District Attended _____
City _____ State _____

Other Children Under 18 Living at This Address

Name _____	Date of Birth _____	School Attending _____
Name _____	Date of Birth _____	School Attending _____
Name _____	Date of Birth _____	School Attending _____
Name _____	Date of Birth _____	School Attending _____
Name _____	Date of Birth _____	School Attending _____
Name _____	Date of Birth _____	School Attending _____

***I VERIFY ALL OF THE INFORMATION
ON THIS FORM IS ACCURATE***

Enrolling Parent/Guardian Printed Name

Enrolling Parent/Guardian Signature Date

Contact # 1 is the student's:

- Father Mother Foster Father Foster Mother Step-Father Step-Mother
 Guardian Other _____

Last Name _____ First Name _____

Middle Name _____ Street Address _____

Employer _____ City _____ Zip Code _____

Work Phone _____ Home Phone _____ Cell Phone _____ Home Language _____

Contact electronically Contact Email _____ @ _____

This contact:

- Is primary contact Lives with student
 CAN pick up student
 HAS parent portal access
 Receives report card

This contact is **RESTRICTED** No contact with student

Emergency contact? Y N

Restraining Order against Father Mother Other _____

Contact # 2 is the student's:

- Father Mother Foster Father Foster Mother Step-Father Step-Mother
 Guardian Other _____

Last Name _____ First Name _____

Middle Name _____ Street Address _____

Employer _____ City _____ Zip Code _____

Work Phone _____ Home Phone _____ Cell Phone _____ Home Language _____

Contact electronically Contact Email _____ @ _____

This contact:

- Is primary contact Lives with student
 CAN pick up student
 HAS parent portal access
 Receives report card

This contact is **RESTRICTED** No contact with student

Emergency contact? Y N

Restraining Order against Father Mother Other _____

Contact # 3 is the student's:

- Father Mother Foster Father Foster Mother Step-Father Step-Mother
 Guardian Other _____

Last Name _____ First Name _____

Middle Name _____ Street Address _____

Employer _____ City _____ Zip Code _____

Work Phone _____ Home Phone _____ Cell Phone _____ Home Language _____

Contact electronically Contact Email _____ @ _____

This contact:

- Is primary contact Lives with student

CAN pick up student

HAS parent portal access

Receives report card

This contact is **RESTRICTED** No contact with student

Emergency contact? Y N

Restraining Order against Father Mother Other _____

Contact # 4 is the student's:

- Father Mother Foster Father Foster Mother Step-Father Step-Mother
 Guardian Other _____

Last Name _____ First Name _____

Middle Name _____ Street Address _____

Employer _____ City _____ Zip Code _____

Work Phone _____ Home Phone _____ Cell Phone _____ Home Language _____

Contact electronically Contact Email _____ @ _____

This contact:

- Is primary contact Lives with student

CAN pick up student

HAS parent portal access

Receives report card

This contact is **RESTRICTED** No contact with student

Emergency contact? Y N

Restraining Order against Father Mother Other _____

WILSON K-8 SCHOOL ELECTIVE SELECTION FORM

STUDENT INFORMATION

STUDENT NAME: _____ GRADE: ___ 6 ___ 7 ___ 8
 PARENT / _____ Last _____ First
 GUARDIAN NAME: _____ X _____
Signature Required

FORM MUST HAVE PARENT SIGNATURE

Courses are scheduled with consideration given to the needs of all students. Every effort is made to keep class sizes as balanced as possible. Students will be assigned to a Mathematics class based upon their test results and teacher recommendation. *Please note that some students will be required to take a Language Arts/Math support class or a Study Skills class, which will take the place of an elective course.*

6TH GRADE ELECTIVE

Choose 1 main plus 2 alternate choices by preference. Number 1, 2, 3

A/B classes alternate every other day (computer scheduled)

___ PE - year round	___ PE / Band	___ PE / Keyboarding/Computer
___ PE / Art	___ PE / Choir	___ PE / Orchestra
	___ PE / Drama	___ PE / Odyssey of the Mind

COURSE CATALOG AVAILABLE ON WEBSITE FOR CLASS DESCRIPTION

7TH AND 8TH GRADE ELECTIVES

- 7th Grade (2 electives) – 2 main plus 2 alternate choices by preference. Number them 1, 2, 3, 4 with 1 as first choice, and 4 as last choice.
- 8th Grade (3 electives) – 3 main plus 3 alternate choices by preference. Number them 1, 2, 3, 4, 5, 6 with 1 as first choice, and 6 as last choice.

IMPORTANT- remember to choose alternates by number preference. / Semester Class is ½ year so choose in pairs for full-year credit

FULL-YEAR CLASSES

___ Advanced Choir/Jazz - FEE
 ___ Athletic Conditioning/Weight Training (*replaces standard PE class*)
 ___ Chamber Ensemble - FEE
 ___ Jazz Band - FEE
 ___ Odyssey of the Mind - FEE
 ___ Show Choir/Concert - FEE
 ___ Spanish 1 (*High School Credit- 8th Grade ONLY*)
 ___ Theater Production - FEE

SEMESTER CLASSES- ½ YEAR

*Choose 2 to equal full-year
 ___ Announcement/Video Production -FEE
 ___ Art II - FEE
 ___ Art III - FEE
 ___ Computer Science (Programming) - FEE
 ___ Forensic Science - FEE
 ___ Intro to Acting – FEE
 ___ Leadership
 ___ STEM - FEE
 ___ Student Aide
 ___ Study Hall
 ___ Teen Court

FEE SCHEDULE - Subject to Change

<u>Electives</u>	<u>Required</u>	<u>Optional</u>
\$ 21.00 – Elective Fees (accept listed below)	\$10.00 - PE Shorts & Shirt (each)	\$ 37.00 - Sports
\$ 30.00 – Art II, Art III, Chamber Ensemble, Jazz Band	\$ 7.00 - PE Lock-replacement	\$ 30.00 - Yearbook
	\$ 5.00 - ID-replacement	

WILSON K-8 PROOF OF RESIDENCY FORM

Amphitheater Unified School District

Name _____ Wilson K-8

Parent/Legal Guardian _____

As a 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 the following document that displays my name and residential address or physical description of the property where the student resides:

- Real Estate deed or mortgage documents signed by all parties
- Current Gas, electric or water bill.
- Residential lease or rental agreement signed by all parties
- Property tax bill
- Certificate of tribal enrollment or other identification issued by a recognized 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



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: Amphitheater Public Schools

School: Wilson K-8

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.

1535 West Jefferson Street, Phoenix, Arizona 85007, 602-542-0753, www.azed.gov/oelas

Place original in CUM file. If one or more of the 3 questions indicate a language other than English, place a two-sided copy in the ELL file and send another copy to the English Language Acquisition Office.



Estado de Arizona
Departamento de Educación
Servicios de Aprendizaje del Inglés

Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. **¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?** _____
2. **¿Cuál idioma habla el estudiante con mayor frecuencia?** _____
3. **¿Cuál fue el primer idioma que aprendió el estudiante?** _____

Nombre del estudiante _____ Núm. de identificación _____

Fecha de nacimiento _____ Núm. de SAIS _____

Firma del padre o tutor _____ Fecha _____

Distrito o Charter _____

Escuela _____

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.

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • www.azed.gov/oelas

Place original in CUM file. **If one or more of the 3 questions indicate a language other than English**, place a two-sided copy in the ELL file and send another copy to the English Language Acquisition Office.

SEX-ED AND AIDS EDUCATION

Wilson 5th grade students receive HIV/AIDS and Sex Education classes during the last week of school. The materials we use have been approved by the Amphitheater Governing Board and the State of Arizona Board of Education.

Your written permission is required for your child to participate in the lessons. There will be an alternate activity given to those students who will not be participating.

Materials used in these lessons are available for review at the school.

Student **LAST NAME** _____ Student **FIRST NAME** _____

GRADE _____

GENDER _____

_____ **MAY** PARTICIPATE IN SEX-ED AND HIV/AIDS CLASSES

_____ **MAY NOT** PARTICIPATE IN SEX-ED AND HIV/AIDS CLASSES

PARENT SIGNATURE _____ **DATE** _____

SEX-ED AND AIDS EDUCATION

Wilson **Middle School students** will receive HIV/AIDS and Sex Education during their PE class time. The Amphitheater Governing Board and the State of Arizona Board of Education have approved the materials we use.

Your written permission is required for your child to participate in the lessons. There will be an alternate activity given to those students who will not be participating. There will be no penalty for students not attending these classes.

Materials used in these lessons are available for review at the school.

Child's LAST NAME _____ **Child's FIRST NAME** _____

GRADE _____ **GENDER** _____

_____ **MAY** PARTICIPATE IN SEX-ED AND HIV/AIDS CLASSES

_____ **MAY NOT** PARTICIPATE IN SEX-ED AND HIV/AIDS CLASSES

PARENT SIGNATURE _____ **DATE** _____

Communication

Communication from the Wilson office and the PTO Newsletter (NOTES HOME) are sent via email.

Please share the email address you want to receive these communications.

(YES, WE UPDATE THE LIST EVERY YEAR, YOU WILL BE DROPPED IF YOU DON'T COMPLETE THIS)

*ONE FORM PER FAMILY UNIT PLEASE DO NOT DUPLICATE FOR EACH CHILD!!

PARENT NAME:

EMAIL ADDRESS:

VOLUNTEERING AT WILSON:

*MOST PTO VOLUNTEER OPPORTUNITIES WILL BE POSTED IN NOTES HOME *

IN ORDER TO CREATE A DATABASE FOR SOME EVENTS PLEASE CHECK IF YOU ARE INTERESTED. THIS IS NOT A COMMITMENT!

BOOK FAIR (FEB)

*help as cashier, greeter etc 1 hour shifts

BOOT DRIVE and day of (AUG)

*as part of a committee, plan and coordinate donations, communication

ROUND UP AND CHILI COOK-OFF (SEPT)

*as part of committee take part in event planning, advertising, and day of set up

NOV PARADE (DEC)

*as part of committee plan activity, decorate golf carts and take part in parade

EIGHTH GRADE PROMOTION ACTIVITIES (MAY)

*various activities that take place at the end of the school year, you may work on one or all activities

CELL PHONE AGREEMENT

I understand that Wilson K-8 School and representatives are not responsible for loss or theft of personal cell phones that are brought to school. Cell phones are for **emergency purposes** only, before and after school and must be kept in your backpack and/or locker at all times. They will be confiscated if used or ring at any other time throughout the school day and must be picked up by a parent or guardian.

Child's Name _____ Grade _____

Parent/Guardian Signature _____ Date _____

My child **will not** be carrying a cell phone to school.

Parent/Guardian Signature _____ Date _____

Amphitheater Public Schools McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of No Child Left Behind. Answers to these questions will help determine services a student may be eligible for. See the attached page for a description of the McKinney-Vento Act. Filling out this questionnaire is voluntary.

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

If you answered "NO" to both of these questions you may stop here. Thank you.

Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children.

Names of adults in the home: _____ Date: _____

Name of School	Name of Student	Grade	Address	Phone number

1. Where are these students presently living? (Check one box.)
 - Doubled up with relatives or friends
 - In a transitional housing program
 - In a motel
 - In a shelter
 - Moving from place to place
 - In a place not considered traditional "housing" (campground, car, public place, etc.)
2. Do you also have pre-school children at home? Yes ___ No ___
3. Are you a high school student who is currently living on your own due to hardship? Yes ___ No ___
Unaccompanied youth also qualify for services under this law.
4. Are there any pressing needs that could prevent your child from being successful in school?
Yes ___ No ___
Please explain: _____

McKinney-Vento Regulations

If your living arrangement is both temporary and the result of economic hardship, you may qualify for services under the McKinney-Vento Act. The purpose of this law is to provide academic stability for students of families in transition.

You may want to talk with the Amphitheater Homeless Education Liaison if your family's temporary living arrangement is one of the following:

You are living with friends or relatives, or moving from place to place, because you cannot currently afford your own housing.

You are living in a shelter or a motel.

You are living in a Transitional Housing Program

You are living in housing without water or electricity.

You are living in a place not considered traditional "housing", like a car or a campground.

You are a student living on your own (in a similar situation) without a parent or legal guardian.

*A student may qualify as an "unaccompanied youth" if he or she is living with someone who is not a parent or guardian, or if he or she is moving from place to place without a parent or guardian.

Children who qualify under McKinney-Vento have the right to:

- ◆ Attend the school they were attending when their family was forced to move to a temporary address because of economic hardship, even if that school is in another school district. The choice must be a reasonable one that is in the best interest of the children involved. Check with the district Homeless Education Liaison if you are not sure.
- ◆ Attend the school closest to where they are being sheltered.
- ◆ Stay in this school for the duration of the school year if their families are forced to move to another temporary address because of economic hardship.
- ◆ Receive assistance with transportation to attend school while they are being temporarily housed.
- ◆ Start school immediately while people at school help families obtain school and immunization records or other documents necessary for enrollment.
- ◆ Enroll in school without having a permanent address.
- ◆ Participate in the same programs and services that other students participate in.
- ◆ Receive Title 1 services, including free breakfast and lunch.

If you feel your family may be eligible under the McKinney-Vento Homeless Assistance Act, please contact **Mary Beth Santillan, McKinney-Vento Ed. Liaison, @ 696-6946 or mbsantillan@amphi.com**

Wilson K-8 School

2330 W Glover Rd
Tucson, AZ 85742
520.696.5800 (office)
520.696.5900 (Fax)

STUDENT RECORDS REQUEST

New Student Registration

Faxed Mailed

SECTION I: STUDENT INFORMATION

This form provides authorization to release educational records and/or information relating to the following student enrolling in our school.

STUDENT NAME: _____ GRADE: _____
Last First Middle

DATE OF BIRTH: _____ GENDER: Female Male

SECTION II: INFORMATION TO BE RELEASED FROM PREVIOUS SCHOOL OF ATTENDANCE

Provide information to request student records from the last school of attendance. Year attended: (____)

SCHOOL NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____
Street City State / Zip

SECTION III: DESCRIPTION OF EDUCATIONAL RECORDS AND INFORMATION TO BE DISCLOSED

Educational records/information for disclosure ALL records/information

- | | |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Official Withdrawal Form | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Academic Records/Transcript of Credits and Grades | <input type="checkbox"/> Evaluations <input type="checkbox"/> Individual Educational Program (IEP) |
| <input type="checkbox"/> Achievement Test Scores (AIMS) | <input type="checkbox"/> Gifted/Talented Program Information |
| <input type="checkbox"/> Discipline and Attendance history | <input type="checkbox"/> Limited English Proficient Records |
| <input type="checkbox"/> Health and Immunization Records (colored folder) | <input type="checkbox"/> School CTDS # and SAIS # (if applicable) |
| <input type="checkbox"/> Birth Record/certified certificate | <input type="checkbox"/> Other Pertinent Information _____ |
| <input type="checkbox"/> Custody Documents (if applicable) | |

SECTION IV: RELEASE INFORMATION TO

*Office Use Date Requested _____ / _____ / _____

To disclose by *fax* or *mail* educational records/information for the student referenced in SECTION I to:

Wilson K-8 School, 2330 W Glover Rd, Tucson AZ 85742 Return by Fax 520.696.5900

Attn: Registrar Nurse Special Education Dept

Comment: _____

SECTION V: SIGNATURE AND ACKNOWLEDGEMENT

I hereby grant permission for all confidential, medical, psychological and academic information be released to *Wilson K-8* for educational purposes.

PARENT/GUARDIAN SIGNATURE

RELATIONSHIP TO STUDENT

DATE

Pam Groff, School Registrar

pgroff@amphi.com