

THIS BOX FOR OFFICE USE ONLY

Received Date: _____ Student Start Date: _____
 Entry Code: _____ Teacher: _____
 State ID #: _____ Room #: _____
 S Entry Date: _____ Initials _____ Bus Stop: _____

Beaver Creek School District #26

4810 E. Beaver Creek Road, Rimrock AZ 86335 * Phone: 928-567- 4631 * Fax: 928-567-5347

PARENT/GUARDIAN ELEMENTARY STUDENT REGISTRATION FORM

STUDENT INFORMATION

STUDENT'S LEGAL NAME (AS IT APPEARS ON THE BIRTH CERTIFICATE):			LAST NAME GOES BY:
LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS:			NICKNAME:
	CITY:	STATE:	ZIP CODE:
MAILING ADDRESS IF DIFFERENT FROM ABOVE:			GENDER:
	CITY:	STATE:	ZIP CODE:
BIRTHDATE:	BIRTHPLACE (CITY, STATE):		<input type="checkbox"/> MALE
			<input type="checkbox"/> FEMALE
NOTE: THIS INFORMATION IS REQUIRED BY THE U.S. DEPARTMENT OF EDUCATION.			
ETHNICITY: (CHECK ONE)			
<input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO			
RACE: (CHECK ONE OR MORE, REGARDLESS OF ETHNICITY)			
<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> ASIAN			
<input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> WHITE			
<input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER			

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.

PARENT INFORMATION

ENROLLING PARENT	CONTACT THIS PERSON	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEP PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH	NAME:	PHONE: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
		OTHER PHONE: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
	ADDRESS: <input type="checkbox"/> Same as student	EMPLOYER:	PREFERRED EMAIL ADDRESS:
PARENT	CONTACT THIS PERSON	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEP PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH	NAME:	PHONE: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
		OTHER PHONE: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
	ADDRESS: <input type="checkbox"/> Same as student	EMPLOYER:	PREFERRED EMAIL ADDRESS:
PARENT	CONTACT THIS PERSON	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEP PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH	NAME:	PHONE: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
		OTHER PHONE: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
	ADDRESS: <input type="checkbox"/> Same as student	EMPLOYER:	PREFERRED EMAIL ADDRESS:
PARENT	CONTACT THIS PERSON	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEP PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH	NAME:	PHONE: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
		OTHER PHONE: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
	ADDRESS: <input type="checkbox"/> Same as student	EMPLOYER:	PREFERRED EMAIL ADDRESS:

EMERGENCY OR STUDENT BEING SENT HOME	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	EXTENSION
			<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	Address:		PHONE:		

STUDENT HEALTH CONDITIONS	<input type="checkbox"/> Asthma <input type="checkbox"/> Life Threatening Allergies	<ul style="list-style-type: none"> • I understand BCSD 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. • 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. • I understand if my child needs medication or other health services at school, I must make arrangements with the school health office.
	Specify severe health problems:	
	Is your child on daily medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Specify:	

PREVIOUS SCHOOLS ATTENDED	Last school attended: _____		
	SCHOOL NAME	ADDRESS	DATES
	Type: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Alternative <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Other: _____		
Has this student ever attended Beaver Creek Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, indicate grade(s), and year(s): _____			

STUDENT DISCIPLINE INFORMATION	Has this student ever been suspended from school? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
	Has this student ever been expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
	Dates of suspension/expulsion: _____ From which school? _____
	Length of suspension/expulsion: <input type="checkbox"/> 1-5 days <input type="checkbox"/> 6-10 days <input type="checkbox"/> More than 10 days: Specify: _____
	Reason for suspension/expulsion: _____
	If on open enrollment at another school was it revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Has this student ever attended school at a correctional facility? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____

LEGAL DOCUMENTS SPECIAL CLASSES & ACCOMMODATIONS	SPECIAL CLASSES STUDENT HAS ATTENDED	
	<input type="checkbox"/> SEI/English Language Development <input type="checkbox"/> Gifted Learner	
	Does this student have a current (IEP) Individualized Education Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy.
	Does this student have a current section 504 accommodation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy.
	Please mark any items that apply to this student, and <u>provide the school with copies of related court documents.</u>	
CUSTODY ISSUES: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES — PROVIDE COURT DOCUMENTS TO SCHOOL OFFICE.		
<input type="checkbox"/> Student is not living with his/her biological parents <ul style="list-style-type: none"> <input type="checkbox"/> Notarized Letters of Guardianship <input type="checkbox"/> Notarized Power of Attorney <input type="checkbox"/> Court appointed guardianship <input type="checkbox"/> Court Orders, Order of Protection or Harassment Injunction <input type="checkbox"/> Custody/parenting time agreement 		

Transportation to and from school will be: Bus: Bus Stop _____
Walking Parent will transport Daycare van Name of Daycare: _____
Other: _____

AUTOMATED MESSAGING CONTACT: Please indicate which guardian(s) should be contacted by automated messaging and circle which phone numbers should be contacted for emergency messaging. Primary contact will receive all notifications.

Name: _____
 Home Phone: _____ Emergency Attendance General
 Cell Phone: _____ Emergency Attendance General Text is preferred
 E-mail: _____ Emergency Attendance General

Sibling Information

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

Name (First & Last)	Age	School (if attending)	Grade	Name (First & Last)	Age	School (if attending)	Grade
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

I affirm all registration and 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. I the enrolling parent affirm that I am an Arizona resident: Yes No

Signature of Enrolling Parent: _____ Date: _____

OFFICE USE ONLY

Student State ID#: _____ Open Enrollment: Yes No

Student Synergy ID#: _____

Required:

Birth Certificate Immunizations PHLOTE Proof of Residency Transportation

Food Services McKinney Vento 45-Day Screen to teacher

Collect if noted on bottom of page 2:

Custody Documents IEP 504 Accommodation Plan Support Programs

RECORDS REQUESTED: _____ OTHER RECORDS: _____

1ST REQUEST: _____ DATE: _____

2ND REQUEST: _____ DATE: _____

3RD REQUEST: _____ DATE: _____

RECORDS RECEIVED: _____ OTHER RECORDS RECEIVED: _____