



Student Name
Nombre del estudiante Last/apellido _____ First/nombre _____ Middle/medio _____ other or nickname/apodo _____

Sex/Sexo: M ___ F ___ Grade Level/grado _____ Age/edad _____ Birthdate/nacio _____

Place of Birth/acta de nacimiento City/ciudad _____ State/estado _____ County/pais _____

Birth Certificate/acta de nacimiento Yes/Si No Residing County/vive en condado _____

Physical Address/direccion _____

Mailing Address/direccion del correo (if different/ si diferente) _____

Home Phone Number/telefono de casa _____ Cell Phone/cellular _____

Below, please indicate one of the following codes: 1. English 2. Spanish 3. American Indian 4. Other
Por favor utilice estos numeros para completar los espacios sigientes: 1. Inges 2. Espanol 3. Indio Americano 4. Otro

1. What is the primary language used in the home regardless of the language spoken by the student? *Cual idioma se habla principalmente en su hogar sin considerer el idioma que hable el estudiante?* _____

2. What is the language most often spoken by the student? *Cual idioma habla el estudiante con mayor frecuencia?* _____

3. What is the language that the student first acquired? *Cual fue el primer idioma que aprendio el estudiante?* _____

Ethnicity /la raza ___ 1. White/blanco 2. Black/negro 3. Hispanic/hispano 4. American Indian/indo 5. Pacific islander/isleno

Has this student ever attended a school in Arizona? Yes/Si No Number of year in U.S. Schools? _____
Este estudiante ha asistido siempre a una escuela en Arizona? Numero de anos en escuelas de U.S.?

Has this student ever attended school at Morristown Elementary? Yes/Si No
Este estudiante ha asistido siempre a una escuela en el distrito de Morristown?

Do you have other children attending school at Morristown Elementary? Yes/Si No
Tiene ostros hijos en las escuelas de el distrito de Morristown?

Has this student been enrolled in any of the following programs? *Ha asistido este estudiante a uno de estos programas?*
Special Education/educacion especial ___ Gifted/talento ___ Speech/terapeuta de lenguaje ___ ELL ___ Title 1/titulo 1 ___

Student Lives with _____ Relationship _____
Estudiante vive con relacion al estudiante

Parent/Guardian's Name
Nombre de la esposa Last/apellido _____ First/nombre _____ Middle/medio _____

Phone/telefono _____ Email/ correo electrónico _____
Employer/empleo _____ Work phone/telefono _____

Parent/Guardian's Name
Nombre de la esposa Last/apellido _____ First/nombre _____ Middle/medio _____

Phone/telefono _____ Email/ correo electrónico _____
Employer/empleo _____ Work phone/telefono _____

Emergency Contact Name and Number/ Nombre y número de contacto de emergencia
Name/Nombre Phone number/telefono Relationship/relacion al estudiante Ok to release to?/ Ok para liberar a

1. _____
2. _____

FOR OFFICIAL USE ONLY/PARA EL USO OFICIAL SOLAMENTE

Transportation: Walk ___ Pick Up ___ Bus ___ Route# ___ Stop _____ Teacher: _____

First Day of School _____ Entry Code _____ Date enrollment entered into Synergy _____ Entered by _____

Student School Perm Id # _____ Student Sais# _____ BC ___ POR ___ IMM. _____



**Morristown
Elementary**
SCHOOL DISTRICT

Morristown Elementary School School Year 2022-2023
25950 w Rockaways Hills Rd Morristown AZ 85340
(623)546-5100

STUDENT ENROLLMENT FORM Please use Blue/Black Ink Only

Student's Legal Last Name	First Name	Middle Name	Suffix	Grade
Date of Birth (mm/dd/yyyy)	Gender (Select One): <input type="checkbox"/> Male <input type="checkbox"/> Female	(Student's Previous School/State)		
Birth State	Birth Country	If Birth Country is not US, provide Date Entered US School:		
Student's Street Address — (Include Bldg/Apt#/lot#)		City, State, Zip Code		
Student's Mailing Address PO Box, if different than above		City, State, Zip Code		
Transportation: <input type="checkbox"/> Walk <input type="checkbox"/> Pick up <input type="checkbox"/> Bus				

NOTE: This information is required by the U.S Department of Education.
 Ethnicity (check applicable box) Hispanic OR Non-Hispanic

Race (Check all that apply) Asian or Indian Subcontinent Black/African American
 White: European, North African, Middle East Native Hawaiian/Other Pacific Islander American
 Indian/Alaskan Native: Tribe(s) _____

Please check any special services previously received:
 Special Education 504 Accommodation Gifted/Talented English Language Learner (ELL)

PARENT/GUARDIAN INFORMATION:

Please List Adults Responsible for Student and Relationship to Student as Indicated Here:
 Father, Mother, Step-Father, Step-Mother, Guardian , Self (*Emancipated, Married, In transition*) or Write in other Check appropriate boxes.

Relation	Parent/Guardian (Last Name, First Name) Address, if Different from Above	Phone Numbers: Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Preferred language for communication: (Both written and verbal) English <input type="checkbox"/> Spanish <input type="checkbox"/>	<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailing Allowed <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release To <input type="checkbox"/> School Messenger
Relation	Parent/Guardian (Last Name, First Name) Address, if Different from Above	Phone Numbers: Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Preferred language for communication: (Both written and verbal) English <input type="checkbox"/> Spanish <input type="checkbox"/>	<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailing Allowed <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release To <input type="checkbox"/> School Messenger

COURT DOCUMENTS:

Please check if you have court documents pertaining to child or child custody *If yes please attach
 Yes No