



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 the Adults Responsible for the Student and their Relationship to the 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
Parent Step Parent Guardian Other			
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Parent Step Parent Guardian Other			

COURT DOCUMENTS:

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

Siblings:

Please list any siblings for the enrolling student along with Age and Grade level (If applicable)*If more siblings please attach a list

Name	Age	Grade

MILITARY:

If Applicable please state which Parent or guardian and select an option

Active Reserve

EMAILS

Parent(s)/Guardian Email Address (es).

1.

2.

All students will be provided a Morristown email address. It will be mandatory to use this email address to communicate with teachers, students, and staff.

EDUCATIONAL HISTORY:**Student's Previous School Information**

Has the student previously attended any school in Arizona?

Yes No If Yes, School Name _____ Grade _____

Last School Attended: _____

Date: _____ School Address _____ Other _____

State and/or Country located: _____

If applicable, has the child been withdrawn from their previous school? Yes No

-If applicable please attach the withdrawal form

Is the above-named student: • Suspended or expelled from any school or district? Yes No • Being considered for disciplinary action, suspension or expulsion? Yes No

MCKINNEY VENTO STATUS (student in transition):

1. Is your current address a temporary living arrangement? Yes ___ No ___

2. If temporary, is this living arrangement due to loss of housing or economic hardship? Yes ___ No ___

3. If you answered yes to both questions, please provide your current living arrangement:

Doubled up with relatives or friends In a shelter
 In a motel/hotel Moving from place to place

In a place not designed for traditional sleeping arrangements i.e. car, campground, park, or other public place, etc.

If you answered YES to question 1 and 2, please complete the additional form entitled "McKinney-Vento Eligibility Questionnaire" in this registration packet.

DINNERS:

Would you like to enroll the student in take-home dinners?

Yes No

FOSTER STUDENT ENROLLMENT (ESSA Compliance):

1. Are you currently placed in a DCS Group Home, with Kinship Foster, or with a Foster Guardian? Yes ___ No ___

2. If yes, please check the box that describes the foster placement:

DCS group home Foster guardian
 Kinship foster Other

3. Are you enrolling in your school of origin? School of Origin School of Residence

4. If we are the school of residence, has the student been withdrawn from the school of origin? Yes ___ No ___

5. Has a Best Interest Determination (BID) been completed to determine school selection? Yes ___ No ___

6. If yes, please provide a copy of the completed BID with the Best Interest School Selection documented.

If you answered yes to questions 1 and 2, please provide a copy of the current Notice to Provider.

EMERGENCY CONTACT:

Relation	(Last Name, First Name)	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"/>
Relation	(Last Name, First Name)	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"/>

Physician Information:

I, the undersigned parent/guardian, give my consent for the above named child to be released to me or my spouse or to the friend/relative I have so designated and/or to be taken by ambulance to the nearest hospital in case of emergency. I understand that Morristown School District #75 does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school. I understand that I may voluntarily purchase a student accident insurance plan. I further acknowledge that I am financially responsible for 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.

Signature Parent/Guardian _____ Date _____

Physician and Physicians Phone number:	1. Specify health conditions/allergies Yes ___ No ___ 2. Is your child on daily medication? Yes ___ No ___ If Necessary please Specify _____ 3. Recent surgery, accident, or illness (past year) Yes ___ No ___ 4. Is Acetaminophen (aspirin substitute) permission, to be given at the nurse's discretion? Permitted ___ Not Permitted ___
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I hereby certify that I am the legal parent or guardian for this student and the information that I have provided is accurate and true.

PARENT / LEGAL GUARDIAN SIGNATURE

Date

FOR OFFICE USE ONLY

Bus Route & Stop #	Start Date	Enrollment date	Entry Code	Student ID#	Student SAIS#	Date Entry:
BC <input type="checkbox"/>	Parent/Guardian ID <input type="checkbox"/>	Residency Form <input type="checkbox"/>	POR <input type="checkbox"/>	Imm. <input type="checkbox"/>	Staff Initials	