

Registration Packet

Submit at initial enrollment, Proof of Residency.

A document that displays your name and residential address or physical description of the property where the student resides. The proof of residency (must be the same as address on Registration packet including a copy of establishing document page 7 & 8).

Submit at the time of enrollment or prior to attendance, Immunization Record - (not a requirement to submit at initial enrollment).

Documentary proof of immunization, or evidence of a statutory exemption.

If an immunization exempt form is needed, please visit the school office to be provided the form.

Submit within 30 days of enrollment, Birth Verification - (not a requirement to submit at initial enrollment and is not required for consideration of enrollment of your child).

A certified copy of the student's birth certificate or other reliable proof of identity and age, including the student's baptismal certificate, an application for a social security number, or original school registration records. If documentation other than a certified copy of a birth certificate is provided, such documentation must be accompanied by a notarized affidavit explaining the inability to provide a copy of the birth certificate.

Custody of Department of Child Safety - (not a requirement to submit at initial enrollment)

If a student is in the custody of the Department of Child Safety ("DCS"), a letter from the authorized representative of the agency certifying that the student has been legally placed in custody of the agency.

Guardianship Signed Court Paperwork and/or Restraining Order (if applicable) - (not a requirement to submit at initial enrollment and is not required for consideration of enrollment of your child).

If transportation is needed, please visit the school office for more information.

Grade

☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th

Student First Name

Student Last Name

For Office Use Only:

Reviewed By & Date: _____ PTAA #: _____ SAIS #: _____

STUDENT INFORMATION

Student Name: First _____ Middle _____ Last _____

Date of Birth: ____/____/____

Place of Birth (Information may be provided, but it is not required. Admission not limited based on your answer) _____

Country of Birth (Information may be provided, but it is not required. Admission not limited based on your answer) _____

☐ Female ☐ Male Child's Age: _____ Home Phone Number: _____

Student's Home Address: _____

City _____ State _____ Zip Code _____

Was the child previously enrolled at a PTAA School? ☐ Yes ☐ No If yes, when _____

Present Grade: _____ Present School: _____ School District: _____

Has the student ever been expelled? ☐ No ☐ Yes

If yes, please explain: _____

STUDENT ETHNIC INFORMATION: BOTH PART A & B. ** Information may be provided, but it is not required. Admission not limited based on your answer. **

Part A: Is this student Hispanic/Latino? (Choose Only One)

- ☐ Yes, Hispanic/Latino (A person who is Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)
- ☐ No, not Hispanic/Latino

Part B: What is the student's race?

- ☐ American Indian or Alaskan Indian ☐ Native Hawaiian or other Pacific Islander
- ☐ Asian ☐ Black or African American ☐ White

Do you have any other Children presently attending a PTAA School?

Name: _____ Grade ____ Name: _____ Grade ____ Name: _____ Grade ____

Is the student a dependent of a member of the United States military service (Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard) on active Duty? - (Information may be provided, but it is not required. Admission not limited based on your answer)

☐ Yes ☐ No ☐ None of the above. ☐ Wish to not disclose Information.

Is the student a dependent of a full time member of the National Guard? - (Information may be provided, but it is not required. Admission not limited based on your answer)

☐ Yes ☐ No ☐ None of the above. ☐ Wish to not disclose Information.

How did you hear about PTAA?

☐ Internet ☐ Word of Mouth ☐ Newspaper ☐ Magazine ☐ Direct Mail ☐ Other _____

Parent Signature

Date

PARENT/GUARDIAN INFORMATION

PARENT INFORMATION: MUST BE LEGAL GUARDIANS – ALL OTHERS SHOULD BE LISTED AS EMERGENCY CONTACT(S).

Parent(s) Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced Child lives with _____

If separated or divorced, does the father/mother have permission to sign the child out of school? ☐ Yes ☐ No

Deceased Parent? ☐ Yes ☐ No If yes, who? _____

Mother: _____ Email Address: _____
Print Full Name

Home Address _____ City _____ State _____ Zip Code _____

Phone Numbers: Home (____) _____ Cell (____) _____ Work (____) _____

Parent Signature

Date

Father: _____ Email Address: _____
Print Full Name

Home Address _____ City _____ State _____ Zip Code _____

Phone Numbers: Home (____) _____ Cell (____) _____ Work (____) _____

Parent Signature

Date

(A.R.S. § 15-802(B) requires school districts and charter schools to obtain and maintain verifiable documentation of Arizona residency upon enrollment in an Arizona public school. The documentation required by A.R.S. § 15-802(B) must be provided each time a student enrolls in a school district or charter school in this state, and reaffirmed during the district or charter's annual registration process via the district or charter's annual registration form. The documentation supporting Arizona residency should be maintained according to the school's records retention schedule).

*** If the custodial or guardianship has changed, please complete the below and provide signed court documents. ***

APPOINTED GUARDIAN INFORMATION: MUST BE APPOINTED GUARDIANS – ALL OTHERS SHOULD BE LISTED AS EMERGENCY CONTACT(S).

Guardian #1: _____ Email Address: _____
Print Full Name

Home Address _____ City _____ State _____ Zip Code _____

Phone Numbers: Home (____) _____ Cell (____) _____ Work (____) _____

Parent / Guardian Signature

Date

Guardian #2: _____ Email Address: _____
Print Full Name

Home Address _____ City _____ State _____ Zip Code _____

Phone Numbers: Home (____) _____ Cell (____) _____ Work (____) _____

Parent / Guardian Signature

Date

EMERGENCY CONTACTS

Please list the people who are authorized to pick up your child: All people picking up students MUST bring picture I.D.
(person authorized to pick up child must be 18 years old).

Name _____

Home (____) _____

Relationship to the student _____

Work (____) _____

Cell (____) _____

Name _____

Home (____) _____

Relationship to the student _____

Work (____) _____

Cell (____) _____

Name _____

Home (____) _____

Relationship to the student _____

Work (____) _____

Cell (____) _____

MAY NOT PICK UP STUDENT

Please list the people who are NOT authorized to pick up your child.

Name _____

Name _____

Name _____

Parent/Guardian Signature

Date

HEALTH INFORMATION

Student Name: _____ Parent/Guardian: _____ Grade: _____
Print Full Name Print Full Name

Is there any additional information we should know about your family? _____

Does your child have any allergies or medical conditions? (circle) Yes / No this information is optional, and is intended to provide continuity of services, and is not required for enrollment.

If Yes, please list: _____

Does your child have any food allergies? (circle) Yes / No

If Yes, please list: _____

Does your child take any medications? (circle) Yes / No

If Yes, please list: _____

All medications must be kept with and administered by the school nurse with a parental note or written doctor's orders. NO child will be allowed to carry or administer his/her own medication.

Doctor: _____ Phone: _____

Address: _____

Preferred Hospital: _____

PERMISSION TO USE STUDENT PHOTOGRAPHS

PTAA School has my permission to use photographs of the above-named student for marketing purpose. Such photographs may appear in newspapers, magazines, brochures, slide shows, or other publicity materials without any compensation.

- ☐ YES, my child can be photographed.
- ☐ NO, my child may not be photographed.

Parent/Guardian Signature

Date

STUDENT RESIDENCY QUESTIONNAIRE (McKinney-Vento)

Student Name _____ ☐ Male ☐ Female Date of Birth _____ Current Grade _____

Address _____ City _____ Zip _____ Phone Number _____

Parent/Guardian/Adult Caring for Student _____ Relationship _____

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C.11435, which is also known as Title X, Part C of the No Child Left Behind Act. The answers to the questions below assist in determining eligibility criteria for services under the McKinney Vento Act. It is illegal to knowingly make false statements on this form

1. ☐ Yes ☐ No Is the student's address a temporary living arrangement? - Information may be provided, but it is not required.

Admission not limited based on your answer.

If you answered NO, please STOP HERE and sign at item 6.

It is essential this completed form is returned to school personnel. If you answered YES, please complete the remainder of this form.

2. ☐ Yes ☐ No Is the temporary living arrangement due to loss of housing or economic hardship?

3. Where is the student currently living? (Check all that apply) - Information may be provided, but it is not required. Admission not limited based on your answer.

- | | |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> In an emergency/transitional shelter. | Please provide shelter name: _____ |
| <input type="checkbox"/> In a hotel/motel. | Please provide hotel/motel name: _____ |
| <input type="checkbox"/> Temporarily with another family because we cannot afford or find affordable housing. | |
| <input type="checkbox"/> In a place not designed for ordinary sleeping accommodations such as a car, park or campground | |
| <input type="checkbox"/> Other location not appropriate for people (e.g., abandoned building) | Specific information: _____ |
| <input type="checkbox"/> With an adult that is not a parent or legal guardian, or alone without an adult. | |

4. ☐ Yes ☐ No Does your child have siblings (brothers or sisters)? Note: Use back of page if more space is needed.

Name _____ School _____ Grade _____ DOB _____

Name _____ School _____ Grade _____ DOB _____

Name _____ School _____ Grade _____ DOB _____

5. The undersigned certifies that the information provided above is accurate. (Parent/Guardian/Adult Caring for Student)

Parent/Guardian Print

Parent/Guardian Signature

Date

NOTE: If any of the above information, changes during this school year please contact the school immediately.



Arizona Department of Education Arizona Residency Documentation Form

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the 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:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)
- _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- _____ 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

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



State of Arizona

Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this ____ day of _____, 20____,

By _____

My Commission Expires:

Notary Public



Arizona Department of Education
Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA). Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done before the student takes the AZELLA Placement Test.

This information is optional, and is intended to provide continuity of services, and is not required for enrollment.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student *first* speak or understand?

Student Name_____	District Student ID_____
Date of Birth_____	SSID_____
Parent/Guardian Signature_____	Date_____
District or Charter_____	
School_____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 05-2023)

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

REQUEST FOR RECORDS

Student Name: _____ DOB _____ Grade _____

PREVIOUS SCHOOL INFORMATION

School Name _____

Address _____

City/State/AZ _____

Phone Number _____

Fax Number _____

For Office Use Only:

Requested Information:

- ☐ Withdrawal Form (Unique ID# and school CTDS# should be included if last school attended is in Arizona)
- ☐ Report Cards/All previous school records
- ☐ Immunization Record
- ☐ Birth Certificate
- ☐ Withdrawal Grades
- ☐ State Testing Data and Results
- ☐ Legal Guardianship or Custody Papers
- ☐ Current IEP, 504 Plan, Psych Evaluation and any other SPED Records
- ☐ ELL Testing and Results
- ☐ Discipline Records with details
- ☐ Enrollment History

PLEASE SEND ALL RECORDS, INCLUDING SPECIAL EDUCATION RECORDS TO:

Attn: Registrar

Fax 602-323-5526

☐ Date of 1st Request _____ ☐ Date of 2nd Request _____ ☐ Date of 3rd Request _____

Date Received _____ Date Reviewed _____ Reviewer _____