

# Double Adobe School Student Registration Form

<b>Student Last Name:</b>		<b>OFFICIAL USE ONLY</b>	
<b>Student First Name:</b>		Enrollment Code:	
<b>Middle Name:</b>		Enrollment Date:	
<b>Home Address:</b>		Date of Data Input:	
<b>Mailing Address:</b>		AZ SAIS ID :	
<b>City:</b>		<b>Grade:</b> [ ]	
<b>State:</b>		<b>Birth Date:</b>	
<b>Zip Code:</b>		<b>State of Birth:</b>	
<b>Home / Cell#:</b>		Gender: <b>F</b> [ ] <b>M</b> [ ]	
<b>PRIMARY LANGUAGE</b> 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? _____ <b>PLEASE FILL OUT THE BLUE FORM,</b>		<b>Ethnic/Racial</b> This is for research only and enables the school district to comply with state & federal requirements. <b>Hispanic/Latino Yes [ ] No [ ]</b> and <input type="checkbox"/> <b>White</b> <input type="checkbox"/> <b>Black/African American</b> <input type="checkbox"/> <b>American Indian/Alaskan</b> <input type="checkbox"/> <b>Pacific Islander/Asian</b>	
Student Lives With Legal Guardian (check one)			
<input type="checkbox"/> Both Parents [ ] Parent(s) <input type="checkbox"/> Parent 1 [ ] Grandparent <input type="checkbox"/> Parent 2 [ ] Child Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other (specify) _____			
<b>Parent/Guardian # 1</b>			
[ ] Active Military Duty		Home #	Cell#
Address:		Work #	Other#
City:		State:	Zip:
E-Mail Address:			
<b>Parent/Guardian #2</b>			
[ ] Active Military Duty		Home #	Cell#
Address:		Work #	Other#
City:		State:	Zip:
E-Mail Address:			
<b>Emergency Contact</b>			
Relationship to Child		Home #	Cell#
		Work #	Other#
<b>Is there a legally restricted custody decision for student?</b> <input type="checkbox"/> Yes [ ] No If yes, please provide documentation.		<b>Has Student Received Any Of These Services?</b> <input type="checkbox"/> Special Education <input type="checkbox"/> Title I <input type="checkbox"/> ELL <input type="checkbox"/> Gifted <input type="checkbox"/> Home Schooled <b>PLEASE FILL OUT THE ORANGE FORM,</b>	
		<b>Has student attended school in Arizona before?</b> <input type="checkbox"/> Yes [ ] No Where? _____  <b>Is the student currently under suspension or expulsion from another school?</b> <input type="checkbox"/> Yes [ ] No	

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Today's Date

Parent/Guardian Signature