



| | | | | | | | | |
|--|--|---|-----------------|-----------------------|--|---------------------|---------------------------------|--|
| STUDENT ENROLLMENT FORM 2017-2018 | | | | | | Current Date: _____ | | |
| (Please print clearly) | | | | | | | | |
| Legal First Name | | Middle Name | Legal Last Name | | | Grade | <input type="checkbox"/> Male | Age |
| | | | | | | | <input type="checkbox"/> Female | Birth date: _____ |
| Street Address: | | | | | | | | <p style="text-align: center;">Both parts must be answered¹</p> <p style="text-align: center;">Part 1: Ethnicity (choose one)</p> <p style="text-align: center;"><input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino</p> <p style="text-align: center;">Part 2: Race (choose one or more regardless of Ethnicity) If American Indian is checked, please complete the Title VI form (green) and the Impact Aid form (gold)</p> <p style="text-align: center;"><input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native</p> <hr/> <p>If American Indian:</p> <p>Name of Tribe _____</p> <p>Where enrolled _____</p> <p>Lives on Reservation: <input type="checkbox"/> No <input type="checkbox"/> Ak-Chin <input type="checkbox"/> Gila River</p> <p style="text-align: center;"><input type="checkbox"/> Other _____</p> |
| City: | | Zip: _____ | | | | | | |
| PO Box (if applicable): | | Subdivision: _____ | | | | | | |
| Primary Phone Number for Attendance Calls: () _____ | | | | | | | | |
| Email Address: _____ | | | | | | | | |
| SMS – Emergency Text Messaging: (MUSD will not be responsible for any additional charges) | | | | | | | | |
| Do you have students in this or other MUSD schools? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| Has your child ever attended a MUSD school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what school and year? Prior year Grade: _____ | | Has your child ever attended another school in AZ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Has your child ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, at what grade level? _____ | | Has your child ever been expelled from MUSD or any other District? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Name of Last School Attended: _____ | | | | | | | | |
| Address: | | City: | | State: | | Phone: () _____ | | |
| Student Lives With <input type="checkbox"/> Mother <input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> DES <input type="checkbox"/> Other – Please specify _____ | | First Name: _____ | | Last Name: _____ | | | | |
| | | Home Phone: () _____ | | Cell Phone: () _____ | | Employer: _____ | | |
| Student Lives With <input type="checkbox"/> Father <input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> DES <input type="checkbox"/> Other – please specify _____ | | First Name: _____ | | Last Name: _____ | | | | |
| | | Home Phone: () _____ | | Cell Phone: () _____ | | Employer: _____ | | |
| How will your student go home at the end of the school day? <input type="checkbox"/> Biking/Scooter <input type="checkbox"/> Walking <input type="checkbox"/> Pickup <input type="checkbox"/> Bus <input type="checkbox"/> After School Program <input type="checkbox"/> Other (please specify) _____ Phone: () _____ | | | | | | | | |
| 1. What is the primary language used in the home regardless of the language spoken by the student? ² _____ 2. What is the language most often spoken by the student? ² _____ 3. What is the language that the student first acquired? ² _____ | | | | | | | | |
| Does your child have an IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes Date of IEP: _____ What type of Special Services? <input type="checkbox"/> Special Ed <input type="checkbox"/> Speech/Language <input type="checkbox"/> Other – please specify _____ | | | | | | | | |
| Please indicate any services your child has received: <input type="checkbox"/> 504 Plan <input type="checkbox"/> Resource Reading or Math <input type="checkbox"/> Gifted <input type="checkbox"/> Handicapped <input type="checkbox"/> Behavioral Plan <input type="checkbox"/> Child Referral Study (SAT) <input type="checkbox"/> Other – please specify _____ | | | | | | | | |
| Is your child certified as having a chronic health problem? <input type="checkbox"/> No <input type="checkbox"/> Yes – please specify _____ | | | | | | | | |
| Is parent a member of the US Military – Active Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Which Branch of Service? _____ If yes is checked, please complete Impact Aid form (gold) | | | | | | | | |
| Does your child have a migrant status? ³ <input type="checkbox"/> No <input type="checkbox"/> Yes Migrant status must meet all 5 of the following criteria: <small>(A) The child is a migratory agricultural worker or a dependant of one (B) moved from one district to another (C) the move was a change in residence (D) the move was made due to economic necessity (E) the move occurred within 36 months</small> | | | | | | | | |
| Does your child have an Immigrant Status? ⁴ <input type="checkbox"/> No <input type="checkbox"/> Yes Immigrant status must meet all 3 of the following criteria: <small>(A) are aged 3 through 21; (B) were NOT born in any State; and (C) have NOT been attending one or more schools in any one or more States for more than 3 full academic years.</small> | | | | | | | | |

I hereby certify that the above information is accurate. I understand that it is the Parent/Guardian's responsibility to update if any information changes.

Parent/Guardian Signature _____ Date _____

| For School Use Only | | | | | | | | | |
|---------------------|--------------------------|-----------------------------------|--------------|-----------------------|-------------|--------------------------------------|------------|-----------------------|--------------------------------|
| Student ID # | Birth proof ⁵ | Grade | Teacher | Room | Bus | Staff Initials | Entry code | Entry Date of Student | System Entry Date ⁶ |
| School of Residence | School Attending | Records Request date ⁵ | Requested by | Date Records Received | Reviewed by | Completed Immunizations ⁷ | | | |
| | | | | | | Health Office Initials: | Date: | | |

¹ 72 Fed. Reg. 59266 ² ARS-15-756 ³ NCLB Title 1C ⁴ NCLB Title III ⁵ ARS-15-828 ⁶ USFR 15-A CQ ⁷ ARS-15-872

| | | | | | | |
|--|-----------------------------|----------------------------|-------------------------|------------------------------|--------------------------------|------------------------------------|
| Enroll Form to Teacher/Resource Date: _____ | Copies to HO Date: _____ | PHLOTE sent Date: _____ | IRR sent Date: _____ | Title VI sent Date: _____ | Impact Aid sent Date: _____ | McKinney/Vento sent Date: _____ |
|--|-----------------------------|----------------------------|-------------------------|------------------------------|--------------------------------|------------------------------------|