



MARICOPA UNIFIED SCHOOL DISTRICT #20
 44150 West Maricopa-Casa Grande Hwy. Maricopa, Arizona 85138
 (520)-568-5100

STUDENT ENROLLMENT FORM 2018-2019 (Please print clearly)						Current Date: _____		
Legal First Name		Middle Name	Legal Last Name		Grade	<input type="checkbox"/> Male	Age	Birth date: _____
						<input type="checkbox"/> Female		State of Birth: _____
Street Address: _____					<p align="center">Both parts must be answered¹</p> <p align="center">Part 1: Ethnicity (choose one)</p> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <p align="center">Part 2: Race (choose one or more regardless of Ethnicity)</p> <p align="center">If American Indian is checked, please complete the Title VI form (green) and the Impact Aid form (gold)</p> <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>If American Indian:</p> Name of Tribe: _____ Where enrolled: _____ Lives on Reservation: <input type="checkbox"/> No <input type="checkbox"/> Ak-Chin <input type="checkbox"/> Gila River <input type="checkbox"/> Other: _____			
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						
Student Lives With <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Other – Please specify _____		First Name: _____		Last Name: _____				
		Home Phone: () _____		Cell Phone: () _____				
				Employer: _____ Work Phone: () _____				
Student Lives With <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Other – please specify _____		First Name: _____		Last Name: _____				
		Home Phone: () _____		Cell Phone: () _____				
				Employer: _____ Work Phone: () _____				
Name of Last School Attended: _____								
Address: _____		City: _____		State: _____		Phone: () _____		
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: (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								
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: (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.								

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: _____
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