



<b>STUDENT ENROLLMENT FORM 2017-2018</b> (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 style="text-align: center;">Both parts must be answered<sup>1</sup></p> <p style="text-align: center;"><b>Part 1: Ethnicity (choose one)</b></p> <p style="text-align: center;"><input type="checkbox"/> Hispanic/Latino      <input type="checkbox"/> Not Hispanic/Latino</p> <p style="text-align: center;"><b>Part 2: Race</b> (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><b>If American Indian:</b></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><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								
<b>Has your child ever attended a MUSD school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what school and year? Prior year Grade: _____		<b>Has your child ever attended another school in AZ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Has your child ever been retained?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, at what grade level?</b> _____		<b>Has your child ever been expelled from MUSD or any other District?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Name of Last School Attended:</b> _____								
Address: _____			City: _____		State: _____		Phone: (    ) _____	
<b>Student Lives With</b> <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: _____ Work Phone: (    ) _____		
<b>Student Lives With</b> <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: _____ Work Phone: (    ) _____		
<b>How will your student go home at the end of the school day?</b>								
<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? <sup>2</sup> _____ 2. What is the language most often spoken by the student? <sup>2</sup> _____ 3. What is the language that the student first acquired? <sup>2</sup> _____								
<b>Does your child have an IEP?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Date of IEP:</b> _____ What type of Special Services? <input type="checkbox"/> Special Ed <input type="checkbox"/> Speech/Language <input type="checkbox"/> Other – please specify _____								
<b>Please indicate any services your child has received:</b> <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 _____								
<b>Is your child certified as having a chronic health problem?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes – please specify _____								
<b>Is parent a member of the US Military – Active Duty?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, Which Branch of Service? _____ If yes is checked, please complete Impact Aid form (gold)								
<b>Does your child have a migrant status?</b> <sup>3</sup> <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>								
<b>Does your child have an Immigrant Status?</b> <sup>4</sup> <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 <sup>5</sup>	Grade	Teacher	Room	Bus	Staff Initials	Entry code	Entry Date of Student	System Entry Date <sup>6</sup>
School of Residence	School Attending	Records Request date <sup>5</sup>	Requested by	Date Records Received	Reviewed by	Completed Immunizations <sup>7</sup>			
						Health Office Initials:	Date:		

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