

STUDENT ENROLLMENT FORM



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 Surprise, AZ 85374-7466
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 www.dysart.org

FOR OFFICE USE ONLY			
Student ID Number _____	School Name _____		
SAIS ID Number _____	Teacher _____		
Grade _____	Entry Code _____	Enter Date _____	Initials _____
Date Entered in Campus _____	Initials _____		
<input type="checkbox"/> Birth Certificate on Record	Date Received _____	<input type="checkbox"/> Proof of Residency	
<input type="checkbox"/> Immunizations	Date Received _____		

Student Enrollment Form v. 10
2013-14

STUDENT INFORMATION

Legal Last Name _____	Legal First Name _____	Middle Name _____	Suffix _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade _____	Birth Date _____	Birthplace State _____
	Birthplace Country _____	My student is currently on long-term suspension or expulsion from another school district. If yes, indicate school name: <input type="checkbox"/> No <input type="checkbox"/> Yes _____	
Last School Attended (including Dysart Schools) _____		City and State (if other than Dysart Schools) _____	

The U.S. Department of Education requires all states to collect race and ethnicity information on students and staff. <input type="radio"/> Individual is Hispanic or Latino <input type="radio"/> Individual is not Hispanic or Latino Is the individual from one or more of these races? (Check all that apply) <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian <input type="radio"/> Black, not Hispanic <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> White	AUTOMATED MESSAGING CONTACTS - Please indicate which guardian(s) should be contacted by automated messaging, and circle which phone numbers should be contacted for Emergency messaging. (Add add'l e-mail on back of page.)				
	Parent/Guardian #1 Name _____ Household/Other Phone _____ Cell _____ Work _____ Email _____	Emer-gency <input type="checkbox"/>	Atten-dance <input type="checkbox"/>	Gen-eral <input type="checkbox"/>	Text Msg. <input type="checkbox"/>
	Parent/Guardian #2 Name _____ Household/Other Phone _____ Cell _____ Work _____ Email _____	Emer-gency <input type="checkbox"/>	Atten-dance <input type="checkbox"/>	Gen-eral <input type="checkbox"/>	Text Msg. <input type="checkbox"/>
MOBILE DEVICES <input type="checkbox"/> Yes Does your student have a mobile device with access to the internet available for their use (i.e., SmartPhone, iPad, tablet, etc?) <input type="checkbox"/> No					

SPECIAL SERVICES SURVEY

- What is the primary language used in the home regardless of the language spoken by the student? English Spanish Other _____
- What is the language most often spoken by the student? English Spanish Other _____
- What is the language that the student first acquired? English Spanish Other _____
- Has the student been identified for special services? Yes No

CUSTODY/RESIDENCY INFORMATION

Who has legal custody? Parents Mother Father Other _____ Custody Documents Yes
 Non-custodial restrictions Yes

NOTE: The school will not honor request of restrictions unless copies of custody documents and/or copies of court orders that support the request of the parent are on file with the school (ARS 25-408; ARS 25-403.06). A power of attorney document can not replace court ordered custody documents (ARS 14-5104).

Affidavit of Residency Date _____ Power of Attorney Date _____

REQUIRED DOCUMENTATION: A birth certificate or other reliable proof of the student's identity or age, immunization records and proof of residency are required for enrollment purposes. Failure to comply with ARS 15-821, ARS 15-828, and ARS 15-872 may result in the pupil's suspension from school, and/or the referral to the local law enforcement agency. By my signature below, I attest the facts stated herein are true. Any falsification of statements may subject the above-named student to immediate withdrawal.

Parent/Guardian Signature _____ Date _____