

# STUDENT ENROLLMENT FORM



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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"/> Immunizations               | Date Received _____ |                  |                |

Student Enrollment Form v. 9.0  
01/11/2011

## STUDENT INFORMATION

|  |                          |  |                        |
|--|--------------------------|--|------------------------|
| Legal Last Name _____  | Legal First Name _____   | Middle Name _____  | Suffix _____           |
| Gender<br><input type="checkbox"/> M<br><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:<br><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.

- Individual is Hispanic or Latino
- Individual is not Hispanic or Latino

Is the individual from one or more of these races?  
(Check all that apply)

- American Indian or Alaskan Native
- Asian
- Black, not Hispanic
- Native Hawaiian or other Pacific Islander
- White

### AUTOMATED MESSAGING CONTACTS - Please indicate which guardian(s) should be contacted by automated messaging:

| Parent/Guardian #1          | General                  | Atten-<br>dance          | High<br>Priority         |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| Name _____                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Household/Other Phone _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cell _____                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work _____                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Email _____                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent/Guardian #2          | General                  | Atten-<br>dance          | High<br>Priority         |
| Name _____                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Household/Other Phone _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cell _____                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work _____                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Email _____                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 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 \_\_\_\_\_