

Student Enrollment Form



SY 2010 -2011

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Surprise, AZ 85347-7466
(623) 876-7000
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 _____
 Birth Certificate on Record Date Received _____
 Immunizations Date Received _____

Student Enrollment Form v.8.1
08/13/2010

Student Information

Last Name _____ First Name _____ Middle Name _____ Suffix _____
Nick Name _____ Female Male
Grade _____ Birth Date _____ Birthplace State _____ Birthplace County _____ Mothers name on Birth Certificate _____
 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
The U.S. Department of Education requires all states to collect race and ethnicity information on students and staff.
Last School Attended Including Dysart Schools Yes No **My student is currently on long-term suspension or expulsion from another school district:**
Address of Last School Attended Including Dysart Schools _____
Please list which guardians should be contacted for automated messaging. _____
Phone _____ General Attendance High Priority
Cell _____ General Attendance High Priority
Work _____ General Attendance High Priority
Email _____ General Attendance High Priority

Special Services Survey:

1. What is the primary language used in the home regardless of the language spoken by the student? English Spanish Other _____
2. What is the language most often spoken by the student? English Spanish Other _____
3. What is the language that the student first acquired? English Spanish Other _____
4. Has the student been identified for special services? Yes No
5. If yes, which category? Gifted Special Education 504 Plan Other _____ When? (date) _____
Student lives with: Parents Mother Father Other _____ Custody Papers Yes
Who has legal custody? Parents Mother Father Other _____ Non-custodial restrictions Yes
NOTE: The school will not honor request of restrictions unless copies of custody papers and/or copies of court orders that support the request of the parent are on file with the school.
A power of attorney document can not replace court ordered custody papers.

Health Information: Your CHECK placed by the item below will grant the district/school permission to administer the recommended dosage:

Non-Aspirin (Acetaminophen) Motrin (Ibuprofen) Antacid Cough Drops Salt Water Gargle (sore throat) Lip Balm/Vaseline
 Antibiotic Ointment (cuts/abrasion) Caladryl (insect bite/itching) Saline (eye drops) Antiseptic Wash Anbesol (tooth pain)
 Yes NO Does the student have any medical concerns, chronic illness, allergies or take daily medication? If YES, please contact health office.

In case of serious illness, your child will be taken to the closest hospital by ambulance, if necessary, and emergency treatment will be provided until parent or legal court ordered guardian can be contacted. Any expense for emergency transportation and/or treatment shall be the responsibility of the parent or legal court ordered guardian.

Affidavit of Residency Expiration Date _____
 Power of Attorney Expiration 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. I do solemnly swear the facts stated herein are true. Any false statement subjects the above named student to immediate withdrawal.

Parent/Guardian Signature _____

Date _____