

**YUMA UNION HIGH SCHOOL DISTRICT No. 70
STUDENT REGISTRATION**

YUHSD No. 70 Student ID No.

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SAIS ID No.

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Student Information

Gender: Male Female **Grade Level:** 09 10 11 12 **Cohort:** _____

School: Cibola HS Gila Ridge HS Kofa HS San Luis HS Vista Alt. HS Yuma HS

Legal **Last** Name: _____ Suffix: _____

Legal **First** Name: _____ Legal **Middle** Name: _____

Date of Birth: _____ / _____ / _____ Home Phone: _____ *Unlisted*
Month Day Year

(Choose Only ONE)

Ethnicity:

American Indian - Asian - Black/African American - Hispanic/Latino - White

Home Address

Street: _____ Apt./Space: _____

City: _____ State: _____ Zip: _____

If different from above:

Mailing Address: _____ Apt./Space: _____

City: _____ State: _____ Zip: _____

Last School

Cibola HS - Gila Ridge HS - Kofa HS - San Luis HS - Vista Alt. HS - Yuma HS

or Previous School: _____
Name of School

_____ _____ _____ _____
Address City State Zip

Migrant Yes No

Has your family moved in the last 3 years to seek agricultural work? Yes No

Are you the dependent of a guardian who is an agricultural worker? Yes No

If Available:

Student's Work Place: _____ Work Number: _____

Student's Email: _____ Cell Phone No: _____

Parent/Guardian Information

Check One:

- Parent Legal Guardian Court Appointed Sole Custodial Parent

Relationship: _____ *Work on Government Property:* Yes No

Last Name: _____ Place of Employment: _____

First Name: _____ Occupation: _____

Living with Student? Emergency Contact? Business Phone: _____ Ext: _____

Same as Student's Address Available at Work?

Address if different from Student's

_____ Home Phone: _____

_____ Cellular Phone: _____

_____ Fax Number: _____

Language: _____ *Email Address: _____

**If it becomes available, would you like to receive school news to your email address?* Yes No

Speaks English? Yes No *Willing to volunteer?* Yes No

Check One:

- Parent Legal Guardian Court Appointed Sole Custodial Parent

Relationship: _____ *Work on Government Property:* Yes No

Last Name: _____ Place of Employment: _____

First Name: _____ Occupation: _____

Living with Student? Emergency Contact? Business Phone: _____ Ext: _____

Same as Student's Address Available at Work?

Address if different from Student's

_____ Home Phone: _____

_____ Cellular Phone: _____

_____ Fax Number: _____

Language: _____ *Email Address: _____

**If it becomes available, would you like to receive school news to your email address?* Yes No

Speaks English? Yes No *Willing to volunteer?* Yes No

Other Student Information

Country of Birth: USA Mexico Other _____

If USA: City of Birth: _____ State of Birth: _____

Does the student participate in any high school sports? Yes No

If yes, Name of Sport(s): _____

If yes, Name of School(s): _____

Is the student currently under long-term suspension or expulsion from any school? Yes No

If yes, Name of School: _____

Is the student currently under any "Probation" status? Yes No

If yes, Name of Probation Officer: _____

Has the student ever been enrolled in a Special Education Program? Yes No

If yes, Name of School: _____

Has the student ever been enrolled in an EL or Bilingual Program? Yes No

If yes, Name of School: _____

Transportation

Will this student ride the bus on a daily basis? Yes No Other: _____

Emergency Contacts Information (Must be different from Parent/Guardian Information)

1) Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Is this person allowed to pick up student? Yes No

1) Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Is this person allowed to pick up student? Yes No

Release of Student Record Information

The release of a student's records by the Yuma Union High School District No. 70 to other people or organizations outside of the student's family who have a legitimate need for that information requires written authorization by the student or his/her parent(s)/legal guardian(s). Those "other people or organizations" include, but are not limited to, other schools and scholarship donors.

I Authorize YUHSD No. 70 to release records.

I Do Not Authorize YUHSD No. 70 to release records.

Parent/Guardian Initials: _____

Parent/Guardian Initials: _____

Impact Aid Information

If one or more parent(s)/guardian(s) lives on, is employed by and/or is in the military, please complete the following:

Military Service

Civilian Employee

Name as it appears on payroll.

- Father
- Mother
- Step-Father
- Step-Mother
- Guardian
- Other

Branch

Rank

Name as it appears on payroll.

- Father
- Mother
- Step-Father
- Step-Mother
- Guardian
- Other

Name of Federal Property

Address of Federal Property

City, State, Zip

Name of Federal Property

Address of Federal Property

City, State, Zip

Parent/Guardian Signature: _____ Date: _____

DO NOT USE . . . OFFICE USE ONLY

Re-Entry Previous School: _____

Previous Withdrawal Date: _____ Code: _____

Entry Date: _____ Code: _____

Date Started High School: _____ Cohort: _____ Grade Level: _____

AIMS Results: Reading: _____ Writing: _____ Math: _____

Transcript Requested: No Yes Date: _____

45-Day Screening (SE): Date Out: _____ Date In: _____

Proof of Age: Birth Certificate Baptismal Certificate Other: _____

Open Enrollment Form Submitted: No Yes Date: _____

Tuition Paid By: Normal Private Foreign Exchange Student NSE Res. Treatment Ctr.