



## 2018-2019 Registration Form

Date/Time Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ System Integration Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
First Middle Last

Gender ☐ Male ☐ Female

Last School Attended: \_\_\_\_\_

Birthdate \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_

Birth City \_\_\_\_\_

Grades attended: \_\_\_\_\_

Birth State \_\_\_\_\_

Reason for Leaving School: \_\_\_\_\_

Does this student currently have an Individualized Education Program (IEP)? ☐ Yes ☐ No

Has this student received any of the following services in the past 12 months?

☐ Tutoring Math or Reading

☐ Speech/Language Services

☐ Occupation Therapy

☐ Special Education

☐ Counseling

Has this student been suspended or expelled from any school in the last 2 years? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

## FEDERAL ETHNICITY / RACE SURVEY

**Is this student of Hispanic/Latino ethnicity?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) CHOOSE **ONE** ONLY

☐ No, not Hispanic/Latino ☐ Yes, Hispanic/Latino

In accordance with Federal guidelines, the above part of the question is about **ethnicity**, not race. No matter what you selected above, ***please continue to answer the following by marking one or more boxes to indicate your child's race.***

**What is this student's race?** CHOOSE ONE OR MORE

☐ **American Indian or Alaska Native** (A person having origins in the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

☐ **Asian** (A person having origins in the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

☐ **Black or African American** (A person having origins in the black racial groups of Africa.)

☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ **White** (A person having origins in the original peoples of Europe, The Middle East or North Africa)



## Home Language Survey

1. What is the primary language used in the home regardless of the language spoken by the student?  
\_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_
3. What is the language that the student first acquired? \_\_\_\_\_

**Parent or Guardian 1:** ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other – Specify \_\_\_\_\_

Does this parent have legal custody? ☐ Yes ☐ No ☐ Joint

Does student live with parent? ☐ Yes ☐ No

|   |                      |
|---|----------------------|
| Name: _____                               | Primary Phone: _____ |
| Email _____                               | Cell Phone: _____    |
| Mailing Address: _____                    | Other Phone: _____   |
| Residence Address (if different)<br>_____ |                      |

**Parent or Guardian 2:** ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other – Specify \_\_\_\_\_

Does this parent have legal custody? ☐ Yes ☐ No ☐ Joint

Does student live with parent? ☐ Yes ☐ No

|   |                      |
|---|----------------------|
| Name: _____                               | Primary Phone: _____ |
| Email _____                               | Cell Phone: _____    |
| Mailing Address: _____                    | Other Phone: _____   |
| Residence Address (if different)<br>_____ |                      |



## Student Biography

Since your child will be a new student to Desert Star School, please provide us a brief biography of your child. You may mail this completed form to our school address above or bring it by the campus administrative office. Thank you.

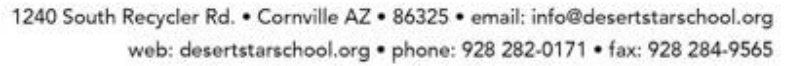
PLEASE PROVIDE YOUR STUDENT'S COMPLETE NAME AND ANY NICKNAME

---

BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_

Applying for Grade      K      1      2      3      4      5      6      7      8

1. Eating and sleeping habits
  
  
  
  
  
  
  
  
  
  
2. Family moves or recent relocations
  
  
  
  
  
  
  
  
  
  
3. Characterize your child in the following areas:
  - When playing with other children
  
  
  
  
  
  - Confronting a new situation
  
  
  
  
  
  - In relation to school work
  
  
  
  
  
  
  
  
  
  
4. Any special or unusual traits or needs of your child



5. What are your child's special interests? (sports, arts, hobbies, other activities)
6. Describe your family's after school and evening routine; for example dinner routine, chores, homework, bedtime, etc....
7. Other relevant information you feel your child's teacher should know
8. What languages does your child know? What languages are normally spoken at home?
9. What musical instruments, if any, does your child play?
10. Please explain why you are interested in Desert Star?

- 
11. What would you like to see your child receive from his/her experience? What capacities would you like to see strengthened?
12. Describe your child's experience with any extraordinary or traumatic events?
13. Does your child have any physical, behavioral or emotional concerns that would affect his/her participation in the school day?
14. Please describe your child's general health, including eating and sleeping habits and allergies.
15. Are any medication given to your child regularly?      Yes                      No
16. If yes, please specify and for what condition:
17. What is your child's experience with media; particularly TV, computer games, movies?



### Request for Records

Student Name: \_\_\_\_\_

Anticipated start date at Desert Star: \_\_\_\_\_

Student's last school of attendance:

School name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Grades Attended: \_\_\_\_\_

I hereby request and authorize you to release the following:

- ☐ Transcripts
- ☐ Withdrawal form
- ☐ State testing results
- ☐ Attendance records
- ☐ Immunization records/Health records
- ☐ Birth certificate
- ☐ Discipline records
- ☐ Gifted and talented records
- ☐ SPED records
- ☐ Other \_\_\_\_\_

Pursuant to the Family Educational Rights and Privacy Act (FERPA) of 1974, all psychological or confidential data will be maintained as such. It will not be transferred to any person or agency without parental permission. Parents will have access to all student records.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requested by

\_\_\_\_\_  
Official title



**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_ School \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Property deed or Mortgage documents
- Property tax bill
- Rental agreement or lease (including Section 8 agreement)
- Utility Bill (water, electric, gas, cable, phone)
- Bank or credit card statement
- W-2 wage statement
- Payroll Stub
- Certificate of tribal enrollment or other identification issued by a recognized Indian tribe
- Other documentation from a state, tribal or federal agency (Social Security Administration, Veterans' Administration, Arizona Department of Economic Security, etc.)
- I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



State of Arizona  
Department of Education  
Office of English Language Acquisition Services  
**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**

(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the primary language used in the home regardless of the language spoken by the student?** \_\_\_\_\_

2. **What is the language most often spoken by the student?** \_\_\_\_\_

3. **What is the language that the student first acquired?** \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

-----  
Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

1535 West Jefferson Street, Phoenix, Arizona 85007 • 602-542-0753 • [www.azed.gov/oelas](http://www.azed.gov/oelas)