

mesa PUBLIC SCHOOLS: ELEMENTARY STUDENT REGISTRATION FORM - PART A

STUDENT INFORMATION	SCHOOL:	SCHOOL YEAR:	TEACHER:	ROOM:	GRADE:	
	STUDENT'S LEGAL NAME (AS IT APPEARS ON THE BIRTH CERTIFICATE): LAST NAME FIRST NAME MIDDLE NAME			LAST NAME GOES BY:	GENDER:	
	ADDRESS:	CITY:	STATE:	ZIP CODE:	NICKNAME:	
	MAILING ADDRESS IF DIFFERENT FROM ABOVE:			CITY:	STATE:	ZIP CODE:
	BIRTHDATE:	BIRTHPLACE (CITY, STATE):	CUSTODY ISSUES: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES — PROVIDE COURT DOCUMENTS TO SCHOOL OFFICE.		PHONE (REQUIRED): (FOR ATTENDANCE AND AUTOMATED MESSAGES.) <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CHECK IF UNLISTED	
NOTE: THIS INFORMATION IS REQUIRED BY THE U.S. DEPARTMENT OF EDUCATION. ETHNICITY: (CHECK ONE) <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO RACE: (CHECK ONE OR MORE, REGARDLESS OF ETHNICITY) <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE			WHAT IS THE PRIMARY LANGUAGE USED IN THE HOME REGARDLESS OF THE LANGUAGE SPOKEN BY THE STUDENT? _____ WHAT IS THE LANGUAGE MOST OFTEN SPOKEN BY THE STUDENT? _____ WHAT IS THE LANGUAGE THAT THE STUDENT FIRST ACQUIRED? _____ PREFERRED LANGUAGE FOR MESSAGES/MAILINGS SENT TO HOME: _____			

LAST NAME:

ENROLLING PARENT LIVING AT STUDENT ADDRESS	CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER:
		NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
ADDRESS: <input type="checkbox"/> SAME AS STUDENT		EMPLOYER:	PREFERRED EMAIL ADDRESS:
		ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	

FIRST NAME:

See Enrolling Parent Definition in Part B (Page 2 of 3)

PARENT LIVING AT STUDENT ADDRESS	CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER:
		NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
ADDRESS: <input type="checkbox"/> SAME AS STUDENT		EMPLOYER:	PREFERRED EMAIL ADDRESS:
		ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	

PARENT LIVING AT AN ALTERNATE ADDRESS	CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER:
		NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
ADDRESS:		EMPLOYER:	PREFERRED EMAIL ADDRESS:
		ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	

PARENT LIVING AT AN ALTERNATE ADDRESS	CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER:
		NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
ADDRESS:		EMPLOYER:	PREFERRED EMAIL ADDRESS:
		ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	

ID:

EMERGENCY OR STUDENT BEING SENT HOME

If my child is being sent home or must leave school and I am unavailable, I authorize the following persons to take temporary custody of and responsibility for my child. For any nonemergency circumstance, including appointments during the school day, I understand it is my responsibility to notify the school in advance when my child will leave school and to indicate who will pick my child up and take responsibility.

LOCAL FRIEND OR RELATIVE	RELATIONSHIP TO STUDENT	PHONE	EXTENSION	ALTERNATE PHONE	EXTENSION
		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
PHYSICIAN:		PHONE:		HOSPITAL PREFERENCE:	

STUDENT HEALTH CONDITIONS

Heart Asthma Diabetes Hearing Allergies

• Specify health problems or any severe allergies: _____

• Is your child on daily medication? Yes No
Specify: _____

• Do you authorize the health office to give your child acetaminophen (non-aspirin substitute)? Yes No

• Recent surgery, accident or serious illness (past year): _____

- I understand Mesa Public Schools does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school. I understand I may voluntarily purchase a student accident insurance plan.
- I understand I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.
- I understand if my child needs medication or other health services at school, I must make arrangements with the school health office.

I affirm all Registration & Emergency Information on this form is accurate, I understand it is my responsibility to notify the school in writing of any changes, and I have read and understand the information provided to me in this registration form.

I (the parent/guardian) affirm that I am an Arizona resident: Yes No

Signature of Enrolling Parent/Guardian: _____

Date: _____

ENROLLING PARENT DEFINITION

The enrolling parent is ordinarily the natural parent, adoptive parent or legal guardian with whom the student lives most of the school week and who signs school registration forms. In the event of an emergency, school staff members will attempt to contact the enrolling parent first, unless a different order is indicated. If the enrolling parent cannot be reached, the school staff will then call the other parents/guardians listed. If the enrolling parent or other parents/guardians cannot be reached, school staff will call the individuals listed as emergency contacts.

STUDENT HANDBOOKS AND BEHAVIOR GUIDELINES

During the first week of school, your child will be given classroom rules, a student handbook and an *Information & Guidelines* pamphlet concerning student behavior expectations to bring home and share with you. If you do not receive this from your child within the first two weeks of school, or if you need more information, please contact the school office.

OPT OUT OPTIONS

STUDENT INTERNET AND MPSConnect ACCESS

Mesa Public Schools provides students Internet access and Student MPSConnect accounts, which include email, calendars, documents and file storage to support academic activities. Teachers provide guidance and direction on the appropriate use of the Internet and MPSConnect. In accordance with the federal Child Internet Protection Act (CIPA), the district uses filters to block access to Web content that is inappropriate. Unless you opt out, your child will be provided school Internet access and an MPSConnect account accessible from school or home. Home Web content filtering and monitoring is the responsibility of the parent/guardian.

DISTRICT AND NEWS MEDIA COVERAGE

Your child may be interviewed, photographed, or audio- or video-recorded by the news media or district staff for print, radio, television, Internet content or other medium.

DIRECTORY INFORMATION

In limited situations, the district may disclose "directory information," which is the student's name, address, email address and telephone number; the parents' names, addresses and telephone numbers; the student's photograph; date and place of birth; class/grade level; enrollment dates; weight and height if the student is a member of an athletic team; awards received; and extracurricular participation.

Unless the parent opts out of directory information releases, the district will disclose such information only if the request is from (i) a post-secondary institution such as a college or university; (ii) a law enforcement agency or the Department of Child Safety; or (iii) a vendor selected by the school to provide a school-related service, such as class photos and yearbooks. Under no circumstance will the district provide directory information to a person or entity for a mass marketing purpose.

HOW TO OPT OUT

- **You may opt out of district and news media coverage or directory information releases by completing an Opt Out form and submitting it to the school office within the first two weeks of school or enrollment, whichever is later.**
- **You may opt out of student Internet access by completing an Opt Out form and submitting it to the school office anytime during the school year.**
- **This form must be resubmitted each school year. For more information, see the district's *Information & Guidelines*.**

The Opt Out form is available in the school office or at www.mpsaz.org/optout. Please also share your opt out selections with your child's teacher.

ATTENDANCE

We count on parents to ensure that children attend school and arrive on time.

ABSENCES

Parents are expected to inform the school when their children will be absent. If we don't hear from parents, the school will make reasonable efforts to notify parents within the applicable time periods prescribed by law. Let us know right away if you change phone numbers.

Parents should provide notes from doctors and dentists to excuse children for appointments, illnesses or injuries.

If parents do not authorize absences within one day after their children return to school, absences are unexcused.

Parents who anticipate extended absences should contact the school. If they do not, children are withdrawn from school after missing 10 days in a row.

TARDINESS

Students are tardy if they are not seated when the bell signals the start of class.

TRUANCY

Attendance officers may talk to parents about legal consequences of truancy. If students are habitually truant or excessively absent, parents and students may be cited and referred to the court.

Students are habitually truant if they have five or more unexcused absences. They are excessively absent if they have 18 or more excused or unexcused absences.



MESA PUBLIC SCHOOLS: ELEMENTARY STUDENT REGISTRATION FORM - PART C

STUDENT NAME: _____ GRADE: _____ PARENT/GUARDIAN NAME: _____

PREVIOUS SCHOOLS ATTENDED	Last school attended:		
	SCHOOL NAME	ADDRESS	DATES
	Type: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Alternative <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Other: _____		
Has this student ever attended Mesa Public Schools?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate grade(s), and year(s): _____			

SPECIAL CLASSES & ACCOMMODATIONS	Has this student ever participated in special classes or programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check the appropriate box(es) below.		
	<input type="checkbox"/> SEI/English Language Development		
	<input type="checkbox"/> Band <input type="checkbox"/> Strings		
	<input type="checkbox"/> Speech Therapy		
	<input type="checkbox"/> Extended Learning Program (ELP)/Gifted/Accelerated		
Special Education: <input type="checkbox"/> ED <input type="checkbox"/> Autism <input type="checkbox"/> SLD <input type="checkbox"/> MIID <input type="checkbox"/> MOID <input type="checkbox"/> SID <input type="checkbox"/> OT <input type="checkbox"/> SLI <input type="checkbox"/> Other: _____			
Does this student have a current IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy.			
Does this student have a current MET report? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy.			
<input type="checkbox"/> Does this student have a current 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy.			

LEGAL DOCUMENTS	Please mark any items that apply to this student, and provide the school with copies of related court documents.		
	<input type="checkbox"/> Custody/parenting time agreement		
	<input type="checkbox"/> Letters of guardianship for court-appointed guardian		
	<input type="checkbox"/> Power of Attorney		
	<input type="checkbox"/> Student is not living with his/her biological parents		
	<input type="checkbox"/> Student has an injunction against harassment against/from another person		
	<input type="checkbox"/> Student has an order of protection against/from another person		
<input type="checkbox"/> Student is covered by a court order regarding school			

SUSPENSION/EXPULSION DISCIPLINE INFORMATION	Has this student ever been suspended from school? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		
	Has this student ever been expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		
	Has either action ever been recommended for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		
	Dates of suspension/expulsion: _____ From which school? _____		
	Length of suspension/expulsion: <input type="checkbox"/> 1-5 days <input type="checkbox"/> 6-10 days <input type="checkbox"/> More than 10 days Specify: _____		
	Reason for suspension/expulsion: _____		
	If on open enrollment at another Mesa school, was it revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Has this student ever attended school at a correctional facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		

OTHER	Transportation to and from school will be: <input type="checkbox"/> Bus <input type="checkbox"/> Walking <input type="checkbox"/> Parent will transport <input type="checkbox"/> Daycare van <input type="checkbox"/> Other: _____		
	Would you like information about the free or reduced-price lunch program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are you an American Indian? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what community do you live in: <input type="checkbox"/> Salt River <input type="checkbox"/> Ft. McDowell <input type="checkbox"/> Mesa (in-town)		
	What is your US tribal number? _____		

OFFICE USE ONLY

Student ID#: _____		Open Enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> IEP	<input type="checkbox"/> Proof of Address	<input type="checkbox"/> Immunizations
<input type="checkbox"/> Transfer Grades	<input type="checkbox"/> Folder	<input type="checkbox"/> Health Card	<input type="checkbox"/> Screen
<input type="checkbox"/> Custody Documents		<input type="checkbox"/> Attendance	
<input type="checkbox"/> W/D Grades to Teachers		<input type="checkbox"/> Statement of Awareness	
<input type="checkbox"/> Tested: Math: _____ Reading: _____			
RECORDS REQUESTED: _____		OTHER: _____	
RECORDS RECEIVED: _____		OTHER: _____	
ENROLLMENT DATE: _____		ENROLLMENT CODE: _____	
DATE ENTERED ON COMPUTER: _____		INITIALS: _____	