

Registration Form

Tucson Unified School District

School: _____ **Grade:** _____ **School Year:** _____

1. Student Information (Please PRINT student name exactly as it appears on the birth certificate)									
Legal Last Name:			Legal First Name:			Full Middle Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Residential Address:									
2. Ethnicity			3. Race (Check all that apply)			4. Student's PRIMARY racial/ethnic identity (choose only one)			
Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander			<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Multiracial <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino			
5. Language:						6. Date of Birth		7. Country of Birth	
Primary language used in the home regardless of the language spoken by the student? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____						MM	DD	YYYY	<input type="checkbox"/> United States
Language most often spoken by the student? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____									<input type="checkbox"/> Other _____
Language that the student first acquired? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____									US Only - State of Birth: _____
8. Parents / Guardians - Must be Legal Guardians – all others should be listed as Emergency Contact below									
1st Contact	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Legal Guardian (please specify) _____								
	Last Name:			First Name:				Home Phone:	
	Employer:		Work Phone:		Cell Phone:		Email:		
	Is an Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language? _____			Best way to share TUSD and school news with you? (Check all that apply) <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Twitter <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> TUSD Website <input type="checkbox"/> Text (carrier's message and data rates may apply)					
2nd Contact	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Legal Guardian (please specify) _____								
	Last Name:			First Name:				Home Phone:	
	Address (write SAME if same as Student Residential Address):				Employer:		Work Phone:		Cell Phone:
	Email:						Is an Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language? _____		
9. Emergency Contact									
Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____									
Name:			Home Phone:		Work Phone:		Cell Phone:		<input type="checkbox"/> Interpreter needed? Language _____
Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____									
Name:			Home Phone:		Work Phone:		Cell Phone:		<input type="checkbox"/> Interpreter needed? Language _____
10. Previous Schools Attended									
Last School Attended: _____ City: _____ State: _____									
Type: <input type="checkbox"/> TUSD <input type="checkbox"/> Non-TUSD Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Other _____									
Has this student ever attended a TUSD school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school? _____									
11. Special Classes, Accommodations or Services									
Please check below any special classes or programs the student has participated in:									
<input type="checkbox"/> English Language Development <input type="checkbox"/> GATE/Gifted/Accelerated Program <input type="checkbox"/> 504 Plan-Provide copy <input type="checkbox"/> Special Education <input type="checkbox"/> Current IEP-Provide copy <input type="checkbox"/> Resource <input type="checkbox"/> Self-Contained <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational/Physical Therapy <input type="checkbox"/> Other _____									
12. Transportation									
Students must meet eligibility guidelines as listed in Board Policy EEA (please see the TUSD website).									
If eligible, will this student ride the bus? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, student will ride: <input type="checkbox"/> To and From School <input type="checkbox"/> To school only <input type="checkbox"/> From school only									
13. Siblings									
Name (first and last)			Date of Birth		School (if attending)			Grade	
_____			_____		_____			_____	
_____			_____		_____			_____	
_____			_____		_____			_____	
Office Use Only	Matric # _____		SAIS ID# _____		Neighborhood School: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Date Enrolled _____		Entry Code _____		Date entered into Mojave _____		Entered into Mojave by _____		
	Verification of Birthdate by _____				<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptism Certificate <input type="checkbox"/> Other _____				
	Special Classes & Accommodations in Box 11, list who was notified at this school site:								
	504 _____		GATE _____		ELL _____		ExEd _____		
	<input type="checkbox"/> Picture ID <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Immunizations <input type="checkbox"/> Health Card <input type="checkbox"/> PHLOTE <input type="checkbox"/> CUM File Reviewed								

Parent / Guardian Signature _____

Date _____