



# Arizona Language Preparatory

## Student Registration Form

Student ID#
SAIS ID #

Student's Legal Name: _____			Date of Birth: _____
Last	First	Middle	mm/dd/yyyy
Student's Birthplace: _____	Address: _____		Gender: _____
City _____ State _____ Country _____	City _____	State _____ Zip _____	_____ M _____ F

**Part 1 and Part 2 questions must be answered:** (If not completed, school official has authority to make appropriate selections.)

Part 1: Ethnicity (check one)  Hispanic/Latino  NOT Hispanic/Latino

Part 2: Race (choose one or more)  American Indian or Alaskan Native  Asian  Black/African American  Native Hawaiian/Pacific Islander  White

**Previous School Information** School previously attended: \_\_\_\_\_ Years attended: \_\_\_\_\_

ADDRESS/City/State/Zip \_\_\_\_\_ What year did student first attend U.S. school? \_\_\_\_\_

**Is the above named child:**

Yes  No  Expelled or being considered for expulsion from any school or district?

Yes  No  Long-term suspended or being considered for suspension from any school or district? (Long-term suspension is 11 or more days)

Yes  No  N/A  In compliance with conditions imposed by a juvenile court?

**Special classes student has attended:** \_\_\_\_\_ ESL \_\_\_\_\_ Gifted

Does the student currently have an IEP (Individualized Learning Plan)?  Yes  No

Does the student currently have a 504 Accommodation Plan?  Yes  No

**Language Dominance Information**

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? \_\_\_\_\_

4. Do you have an I-94? \_\_\_\_\_ If yes, please provide a copy.

**Contact information**

Student's present address: \_\_\_\_\_ Students Home Phone: \_\_\_\_\_

Street No. _____	Street Name _____	City _____	State _____	Zip _____	Apt. No. _____
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**Mother's/Stepmother's/Guardian's Name** \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer/Occupation \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Cell Phone \_\_\_\_\_ Employer/Occupation \_\_\_\_\_

Mailing address ( If different from Student's address) \_\_\_\_\_

Email: \_\_\_\_\_

Lives with student  Yes  No

**Father's/Stepfather's/Guardian's Name** \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer/Occupation \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Cell Phone \_\_\_\_\_ Employer/Occupation \_\_\_\_\_

Mailing address ( If different from Student's address) \_\_\_\_\_

Email: \_\_\_\_\_

Lives with student  Yes  No

Person other than parent who may care for child who becomes ill at school:

Name _____	Home Phone _____	Work/cell Phone _____
Address _____	Relationship to Student _____	

**X** \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN** **DATE**

FOR OFFICE USE ONLY					
Teacher: _____	Grade: _____	Room: _____	Date enrolled: _____	IMM: _____	Records Req: _____