

**FLAGSTAFF UNIFIED SCHOOL DISTRICT #1**  
**3285 E. Sparrow Avenue Flagstaff, AZ 86004 (928) 527-6000**  
**PUPIL REGISTRATION FORM**

**STUDENT LEGAL FULL NAME:** \_\_\_\_\_ **Sex:** M  F

Birthdate: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Residential address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Data Information		Bus Transportation Requested? Yes <input type="checkbox"/> No <input type="checkbox"/>							
	Last Name (Address, city, state, zip if different from above)	First Name	Student Lives with	Has Legal Custody	Mail To	Contact Priority	Place of Employment	Business Phone	Home Phone/Cell Phone
<b>Father</b>									
<b>Mother</b>									
<b>Stepfather</b>									
<b>Stepmother</b>									
<b>Other (Specify)</b>									

*If there is a divorce or separation, please provide custody paper; for guardianship, please provide legal documents.*

**Ethnicity/Race background:** Per Federal Regulations effective July 1, 2010 it is required that you fill in both **SECTION A and B**

**SECTION A:** (Check ONE) Hispanic/Latino  **OR** Non-Hispanic/Non-Latino

**SECTION B:** (Check all that apply regardless of ethnicity, at least ONE of the following races **MUST BE SELECTED**)

American Indian/Alaskan Native  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  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? \_\_\_\_\_

Is your main residence on: the Reservation? Yes \_\_\_ No \_\_\_ OR other Federal Property? Yes \_\_\_ No \_\_\_

If your main residence is on the Reservation, please indicate the Chapter House: \_\_\_\_\_

American Indian tribal affiliation: \_\_\_\_\_ Tribal Enrollment Number: \_\_\_\_\_

*Please fill out and return Form # 506 – Indian Student Verification Form*

**Previous school information:**

Last school attended: \_\_\_\_\_ Date withdrawn: \_\_\_\_\_ Grade \_\_\_\_\_

School address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has student ever attended school in the Flagstaff School District? Yes \_\_\_ No \_\_\_ Student ID# \_\_\_\_\_

If yes, School Name: \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

Has student ever been retained? Yes \_\_\_ No \_\_\_ If yes, what grade? \_\_\_\_\_

**Special Services:** (please check all that apply)

- |  |   |   |
|--|---|---|
| Special Education <input type="checkbox"/> | Physical Therapy <input type="checkbox"/>     | IEP – Individual Education Plan in place <input type="checkbox"/> |
| Counseling <input type="checkbox"/>        | Occupational Therapy <input type="checkbox"/> | Talented and Gifted Program <input type="checkbox"/>              |
| Speech Therapy <input type="checkbox"/>    | Section 504 Plan <input type="checkbox"/>     | Has student attended NACOG HeadStart <input type="checkbox"/>     |

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

FOR OFFICE USE ONLY		Entry & Withdrawal Record					
Student ID # : _____	Grade: _____	Gr	Code	Date	School	SIS Date	SIS Init.
Teacher: _____	SAIS ID # : _____						
Enrollment Date: _____	Proof of Birth date: _____						
Date records requested: _____	Language code: _____						
Bus # IN _____	OUT _____						
Boundary Exception: _____	Custody papers on file: _____						
	School Name _____						