

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
 Last First Middle

Birthdate: _____ State of Birth: _____ Country of Birth: _____

Residential address: _____ City _____ State _____ Zip _____

Mailing address: _____ City _____ State _____ Zip _____

Family Data Information		Bus Transportation Requested?						Yes	No
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	
Father									
Mother									
Stepfather									
Stepmother									
Other (Specify)									

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

Is any parent in Active Military Duty? Yes No

Name of Parent: _____ Military Status Effective Start Date: _____ Military Service End Date: _____

Name of Parent: _____ Military Status Effective Start Date: _____ Military Service End Date: _____

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

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Last school attended: _____ Date withdrawn: _____ Grade _____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: _____	STATE ID # : _____						
Enrollment Date: _____	Proof of Birth date: _____						
Date records requested: _____	Language code: _____						
Bus # IN _____	OUT _____						
Boundary Exception: _____	Custody papers on file: _____						
	School Name _____						