



Student Enrollment Form

Alpine Elementary School
P.O. Box Alpine, AZ 85920

Please Print

Student's Legal First Name	Student's Legal Last Name	Student's Middle Name	Gender Male Female	Current Grade
Birth Place (City & State)	Birth Certificate Yes No Other:	Birth Date (mm/dd/yyyy)	Student's Mobile Phone ()	
Last School Attended Name: Address: Phone:				
Year(s) Attended:		Grade(s) Attended:		
Mother's Full Name	Home Phone ()	Mobile Phone ()	E-mail Address	
Mother's Physical Address	City		State	Zip
Mother's Mailing Address (if different)	City		State	Zip
Father's Full Name	Home Phone ()	Mobile Phone ()	E-mail Address	
Father's Physical Address	City		State	Zip
Father's Mailing Address (if different)	City		State	Zip
Are parents divorced or separated? Yes _____ No _____ If yes, Joint Custody _____ or Sole Custody _____				
Primary Custodial Parent:		Please provide current custody papers		
Has student ever been enrolled in Alpine Elementary School?		Yes _____ No _____		
If yes, Grade(s) Attended:		Year(s) Attended:		

Full Name	Last	First	Student Lives With	Has Legal Custody	Receives Mail	Contract Priority	Contact Phone
Mother:							
Father:							
Stepmother:							
Stepfather:							
Legal Guardian:							

<p>Presently where is the student living? Check one</p> <p>_____ In a shelter</p> <p>_____ With more than one family in a house or apartment</p> <p>_____ In a motel, car or campsite</p> <p>_____ With friends or family (other than parent/guardian)</p> <p>_____ Above choices do not apply</p>	<p>Primary Home Language</p> <p>What is the primary language used in the home, regardless of the language spoken by the student? _____</p> <p>What is the language most often spoken by the student? _____</p> <p>What is the language that the student first acquired? _____</p>
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Racial/Ethnic Identification

Part A and B must be answered for enrollment

Ethnicity

Part A: Is this student Hispanic/Latino? (Choose only one)

___ No, not Hispanic/Latino

___ Yes, Hispanic/Latino

(A person who is Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

Race

Part B: (Choose only one)

___ American Indian or Alaska Native

A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation

___ Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Tahiland and Vietnam.

___ Black or Afican American

A person having origins in any of the black racial groupos of Africa.

___ Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam. Samoa or other Pacific Islands.

___ White

A person having origins in any of the original peoples of Europe, The Middle East or North Africa.

Previous Program Enrollments:

___ English Language Learner

___ Special Education Program

___ Gifted Program

___ Other

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Signature of Parent/Guardian

Date

The District requires proof of residency such as a copy of a rental agreement, electric bill, etc. with your physical address.

FOR OFFICE USE ONLY

Entry Code: _____

___ Birth Certificate

Student Entry Date: _____

___ Residency Form

SIS Entry Date: _____

___ Custody Papers on File

EdFi ID: _____

___ Immunizations

Records Requested: _____

Date Records Received: _____