



Registration Center

3200 W Cholla St
Phoenix, Arizona 85029

Phone: **602-896-6950**

Hours of Operation

Monday, Tuesday, Thursday, Friday
7:15 a.m. – 5:00 p.m.

Wednesday

7:15 a.m. – 11:30 a.m.

1:30 p.m. – 5:00 p.m.

(Closed 11:30 a.m. – 1:30 p.m.)

Registration Checklist

WE CANNOT KEEP INCOMPLETE REGISTRATION PACKETS

Required items to bring

1. Student's original birth certificate
2. Student's current Immunization records
3. Proof of Residency
(See the Arizona Residency Documentation form for documents that will be accepted)
4. Parent/Guardian's Photo ID

Packet Forms

USE ONLY BLUE OR BLACK INK

1. Student Information – filled out, signed and dated
2. Parent Information & Additional Emergency Contacts – filled out, signed and dated
3. Arizona Residency Documentation – filled out, signed and dated (with Registering student's name on it)
4. McKinney Vento Residency Survey – filled out appropriately, signed and dated
5. Unique Populations Identification – filled out appropriately, signed and dated
6. Home Language Survey – filled out, signed and dated
7. Authorization to Release Student Records – filled out, signed and dated
8. Student Health Information – filled out, signed and dated

Possible additional items to bring

- Custody documents (if applicable)
- Approved Open Enrollment form



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature  _____ Date _____

District or Charter Washington Elementary School District

School _____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



(SCHOOL)

Student Information

FOR OFFICE USE ONLY		Date entered into Synergy:
Synergy	Student ID#	
Projected	Entry Date/Code /	
Actual Entry Date		

LEGAL

NAME: _____ / _____ / _____
(LAST) (FIRST) (MIDDLE)

GENDER: ☐ F
☐ M

DATE OF BIRTH:

(MONTH) (DAY) (YEAR)

STATE OF BIRTH: _____

GRADE ☐ PS ☐ KG ☐ 01 ☐ 02 ☐ 03
☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08

COUNTRY OF ☐ USA
BIRTH: ☐ Other _____

ENTRY DATE TO USA: _____

(IF COUNTRY OF BIRTH IS OTHER THAN USA)

(IF DIFFERENT THAN LEGAL NAME)

NAME STUDENT GOES BY: _____

(LAST) (FIRST)

RACE – CHOOSE AT LEAST ONE

- ☐ Black
☐ White
☐ Asian
☐ American Indian or Alaskan Native
☐ Native Hawaiian or Pacific Islander

ETHNICITY – SELECT A RESPONSE

Hispanic/Latino? ☐ NO ☐ YES

Does your family claim any American
Indian tribal affiliation? ☐ NO ☐ YES

(IF YES, PLEASE COMPLETE A 506 FORM)

FOR OFFICE USE ONLY – 506

- ☐ Sent Home ☐ In Synergy
☐ No Number

Last School Attended: _____

State: _____

Grade Level Attended: _____

The last school
attended was:

- ☐ Public ☐ Charter ☐ Indian Reservation School ☐ Private ☐ Parochial ☐ Home
Schooled

Has the student ever attended any school in Arizona? ☐ NO ☐ YES

Has the student ever attended a Washington School District school? ☐ NO ☐ YES School _____ Grade(s) _____

HAS THE STUDENT EVER:

Received Special Education services? ☐ NO ☐ YES explain: _____

Does your child have a current IEP? ☐ NO ☐ YES explain: _____

Does your child have a current 504 plan? ☐ NO ☐ YES explain: _____

Been or in the process of being
expelled or long-term suspended? ☐ NO ☐ YES explain: _____

FOR OFFICE USE ONLY - SpEd

- ☐ No Docs ☐ Docs
☐ Saved
☐ WESD SpEd Docs in Synergy
☐ Resource ☐ Self-Contained

LIST THE NAMES OF ALL BROTHERS AND SISTERS OF THIS STUDENT FROM PRESCHOOL THROUGH GRADE 8:

Name	Grade	School	Lives with enrolling child
1. _____	_____	_____	☐ NO ☐ YES
2. _____	_____	_____	☐ NO ☐ YES
3. _____	_____	_____	☐ NO ☐ YES

Court Ordered Custody Information (Documentation Required)

Custody of Student: ☐ Joint ☐ Mother ☐ Father ☐ DCS
☐ Other _____

FOR OFFICE USE ONLY

- ☐ No Docs ☐ CSU Trifold Given
☐ Legal Docs (Court, Notice to Provider)
☐ Unofficial Docs
☐ N/A

The District honors all current court orders or decrees pertaining to custody situations. It is the responsibility of adults having
custody of a student to submit to the school a current certified copy of the effective court order or decree.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PARENT INFORMATION & ADDITIONAL EMERGENCY CONTACTS



PRIMARY ADDRESS - Address where the student(s) live(s) on most school days:

HOME ADDRESS:	APT#:	CITY:	ZIP CODE:
MAILING ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS)		CITY / STATE	ZIP CODE

MOTHER, FATHER, GUARDIAN – Email addresses and personal phone numbers will be used for automated messages regarding attendance and notifications from the school and/or district.

NOTICE TO CUSTODIAL PARENT/GUARDIAN According to ARS§15-807, it is your responsibility to authorize any absence of your student(s) from school and to notify the school in advance or at the time of any absence. The custodial parent/guardian also must provide at least one telephone number, if available, at enrollment and promptly notify the school of any change in the telephone number.

1) LAST NAME:		FIRST NAME:	
GENDER:	BIRTHDATE:	RELATIONSHIP TO STUDENT:	LIVES WITH ENROLLING STUDENT: NO ☐ YES ☐
CELL PHONE:		EMAIL:	
ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS)		CITY / STATE	ZIP CODE
WORK PHONE:	US MILITARY SERVICE (OPTIONAL): ACTIVE ☐ RESERVE ☐		MILITARY SERVICE START DATE:
FOR OFFICE USE ONLY			

2) LAST NAME:		FIRST NAME:	
GENDER:	BIRTHDATE:	RELATIONSHIP TO STUDENT:	LIVES WITH ENROLLING STUDENT: NO ☐ YES ☐
CELL PHONE:		EMAIL:	
ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS)		CITY / STATE	ZIP CODE
WORK PHONE:	US MILITARY SERVICE (OPTIONAL): ACTIVE ☐ RESERVE ☐		MILITARY SERVICE START DATE:
FOR OFFICE USE ONLY			

3) LAST NAME:		FIRST NAME:	
GENDER:	BIRTHDATE:	RELATIONSHIP TO STUDENT:	LIVES WITH ENROLLING STUDENT: NO ☐ YES ☐
CELL PHONE:		EMAIL:	
ADDRESS (IF DIFFERENT FROM THE PRIMARY ADDRESS)		CITY / STATE	ZIP CODE
WORK PHONE:	US MILITARY SERVICE (OPTIONAL): ACTIVE ☐ RESERVE ☐		MILITARY SERVICE START DATE:
FOR OFFICE USE ONLY			

ADDITIONAL EMERGENCY CONTACTS – List those, other than the mother, father, or guardian, who can pick up and temporarily provide care for your children in case of emergency.

1)	NAME:	RELATIONSHIP TO STUDENT:
	CELL PHONE:	WORK PHONE: LANDLINE:
2)	NAME:	RELATIONSHIP TO STUDENT:
	CELL PHONE:	WORK PHONE: LANDLINE:
3)	NAME:	RELATIONSHIP TO STUDENT:
	CELL PHONE:	WORK PHONE: LANDLINE:

IF NEEDED, YOU MAY PROVIDE ADDITIONAL CONTACTS TO THE SCHOOL OFFICE.

DAYCARE PROVIDER - List the provider who can pick up your child after school.

DAYCARE PROVIDER NAME:	PHONE:
ADDRESS:	CITY: ZIP CODE:

SIGNATURE	DATE:
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ARIZONA RESIDENCY DOCUMENTATION FORM

Enrolling student: _____ District: **W.E.S.D. #6**

Parent/Legal Guardian _____
PRINT NAME

As the Parent/Legal Guardian of the Student(s), I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following **document** that **displays my name and residential address** or physical description of the property **where the student(s) reside(s) (No P.O. Boxes)**:

- ☐ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- ☐ Valid Arizona Address Confidentiality Program authorization card
- ☐ Real estate deed or mortgage documents
- ☐ Property tax bill (*most recent*)
- ☐ Valid Residential lease or rental agreement (including Section 8 agreement) (*signed by both landlord & tenant*)
- ☐ Water, electric, gas, cable, or phone bill (*most recent and using the service address*)
- ☐ Bank or credit card statement (*most recent*)
- ☐ W-2 wage statement (*most recent*)
- ☐ Payroll stub (*most recent*)
- ☐ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe that contains an Arizona address.
- ☐ Documentation from state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security) – (*most recent*)
- ☐ Temporary on-base billeting facility (for military families)
- ☐ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- ☐ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I and/or my child(ren) have established residence in Arizona with the person signing the affidavit.

X

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

* For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.

FOR OFFICE USE ONLY

Forms/Arizona Residency – REVISION 08 NOVEMBER 2022

Awaiting McKinney-Vento eligibility ☐



Arizona Student Residency Questionnaire

FOR OFFICE USE ONLY

Student #

School:

Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.

Section A

Today's date: _____

Name of individual completing this form: _____

Your telephone number: _____ Your email address: _____

Student name: _____

Last school attended: _____ Current grade: _____ Birth date: _____

Do you have additional children attending school in our district? Yes ☐ No ☐

Do you have children of the preschool age? Yes ☐ No ☐

Please provide information about additional children attending school in our district or of preschool age.

Last Name	First Name	Grade	School	District

Address of where the student slept last night: _____

Is this address based on a temporary living arrangement due to the loss of housing? Yes ☐ No ☐

(Examples: sharing the housing with others due to economic hardship or similar reason; hotel/motel; shelter; transitional housing; car; park; campsite; and inadequate housing, including no running water, electricity, or adequate space)

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.

Section B

Name of the parent/guardian/adult caring for the student: _____

Relationship to the student: _____

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing or economic hardship? Yes ☐ No ☐

Please place an "X" in each box that best describes where the student sleeps at night.

- ☐ In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
- ☐ Staying with a friend or relative because of loss of housing, economic hardship, or similar reason

(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

What date did you begin staying here? _____

- ☐ In a shelter/transitional housing program (name of agency): _____

What date did you begin staying here? _____

- ☐ In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)

Provide the main cross streets of this unsheltered location: _____

- ☐ In a hotel/motel (name of hotel/motel & address) _____

What date did you begin staying here? _____

- ☐ With an adult that is not a parent or court appointed legal guardian

- ☐ Alone, not in the care of a parent or court appointed legal guardian

- ☐ None of the above (Please explain): _____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

Signature of Person Providing Information
Parent/Legal guardian/Caregiver/Student

Date

For School Use Only

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: _____

For McKinney Vento Use Only

Please check the housing types that apply:

Sheltered ☐ Doubled-up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel ☐

Unaccompanied youth: Yes ☐ No ☐ Transportation to school of origin needed: Yes ☐ No ☐

Date received
by Homeless
Liaison



Unique Populations Identification

FOR OFFICE USE ONLY
School
Synergy Student ID#

NAME AS IT APPEARS ON THE BIRTH VERIFICATION DOCUMENT		
STUDENT NAME:	/	/
(LAST)	(FIRST)	(MIDDLE)

PARENT'S SPOKEN
LANGUAGE

(SPOKEN LANGUAGE BEST UNDERSTOOD BY THE PARENT)

1	☐ YES ☐ NO	Have you worked in agriculture-related jobs such as field work, fruit, or vegetable packing companies, dairies, or ranches in the last 3 years?
2	☐ YES ☐ NO	Have you recently moved with the family from another city, state, or country to work in the fields, packing companies, dairies, or ranches?
3	☐ YES ☐ NO	Have you left Phoenix with the family to go to work in the fields, packing companies, dairies, or ranches?

4	☐ YES ☐ NO	Is the student a refugee?
	(COUNTRY)	(I-94 ALIEN NUMBER) (DATE ISSUED)
5	Resettlement agency:	
	(NAME)	(PHONE)
	(ADDRESS)	(CITY, STATE, ZIP CODE)
6	Resettlement case manager:	
	(NAME)	(PHONE) (EXTENSION)

7	☐ YES ☐ NO	Was the child born outside of the United States? If yes, where? (COUNTRY)
		If yes, when did the child enter the United States? (ENTRY DATE TO THE USA)

8	☐ YES ☐ NO	If the child was <u>born outside</u> of the United States, are the parents in the United States Military?
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9 If the child was born outside of the United States, list all schools attended for the past 3 years:					
School Year	Grade	School Name	City	State	Country

I attest that the above information is to my knowledge, true and correct.

Parent/Guardian Signature: _____ Date: _____

If any answers are Yes, send the form to Academic Services, and keep a copy of the form in the cumulative folder



Authorization to Release Student Records

AUTORIZACIÓN PARA COMPARTIR ARCHIVOS ESTUDIANTILES

Last School Attended: _____ Additional School: _____
ÚLTIMA ESCUELA DE ASISTENCIA ESCUELA ADICIONAL

School Address: _____
DIRECCIÓN DE ESCUELA

School City, State, Zip Code: _____
CIUDAD, ESTADO, CÓDIGO POSTAL DE ESCUELA

School Phone: _____ Fax: _____ District Name: _____
NÚMERO TELEFÓNICO DE ESCUELA NOMBRE DE DISTRITO

Student Name: _____ Date of Birth: _____ Grade: _____
NOMBRE DEL ESTUDIANTE FECHA DE NACIMIENTO GRADO

Student Name: _____ Date of Birth: _____ Grade: _____
NOMBRE DEL ESTUDIANTE FECHA DE NACIMIENTO GRADO

Student Name: _____ Date of Birth: _____ Grade: _____
NOMBRE DEL ESTUDIANTE FECHA DE NACIMIENTO GRADO

In accordance with Arizona Revised Statute 15-828, I authorize the release of all records, including birth certificate, academic, educational, medical (health), psychological, special education, social development, and gifted information to the Washington Elementary School District. Según 'Arizona Revised Statute 15-828', yo autorizo el compartir de todos los archivos, incluyendo el acta de nacimiento, información académica, educacional, médica (salud), psicológica, de educación especial, de desarrollo social, y de estudiantes dotados al Distrito Escolar Washington.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
FIRMA DEL PADRE/TUTOR FECHA

Please send academic file to: PLEASE SEND COPIES ONLY

☐ Abraham Lincoln Traditional 10444 N 39th Ave Phoenix AZ 85051 602-896-6300 fax 602-896-6320	☐ Desert View Elementary 8621 N 3rd Street Phoenix, AZ 85020 602-347-4000 fax 602-347-4020	☐ Mountain Sky Junior High 16225 N 7th Avenue Phoenix, AZ 85023 602-896-6100 fax 602-896-6120	☐ Sahuaro Elementary 12835 N 33rd Avenue Phoenix, AZ 85029 602-896-6200 fax 602-896-6220
☐ Acacia Elementary 3021 W Evans Drive Phoenix, AZ 85053 602-896-5000 fax 602-896-5020	☐ Ironwood Elementary 14850 N 39th Avenue Phoenix, AZ 85053 602-896-5600 fax 602-896-5620	☐ Mountain View 801 W. Peoria Avenue Phoenix, AZ 85029 602-347-4100 fax 602-347-4120	☐ Shaw Butte Elementary 12202 N 21st Avenue Phoenix, AZ 85029 602-347-4200 fax 602-347-4220
☐ Alta Vista Elementary 8710 N 31st Avenue Phoenix, AZ 85051 602-347-2000 fax 602-347-2020	☐ John Jacobs Elementary 14421 N 23rd Avenue Phoenix, AZ 85023 602-896-5700 fax 602-896-5720	☐ Ocotillo Elementary 3225 W Ocotillo Road Phoenix, AZ 85017 602-347-2400 fax 602-347-2420	☐ Sunburst Elementary 14218 N 47th Avenue Glendale, AZ 85306 602-896-6400 fax 602-896-6420
☐ Arroyo Elementary 4535 W Cholla Street Glendale, AZ 85304 602-896-5100 fax 602-896-5120	☐ Lakeview Elementary 3040 W Yucca Street Phoenix, AZ 85029 602-896-5800 fax 602-896-5820	☐ Orangewood 7337 N 19th Avenue Phoenix, AZ 85021 602-347-2900 fax 602-347-2920	☐ Sunnyslope 245 E. Mountain View Road Phoenix, AZ 85020 602-347-4300 fax 602-347-4320
☐ Cactus Wren Elementary 9650 N 39th Avenue Phoenix, AZ 85051 602-347-2100 fax 602-347-2120	☐ Lookout Mountain Elementary 15 W Coral Gables Drive Phoenix, AZ 85023 602-896-5900 fax 602-896-5920	☐ Palo Verde Middle School 7502 N 39th Avenue Phoenix, AZ 85051 602-347-2500 fax 602-347-2520	☐ Sunset Elementary 4626 W. Mountain View Road Glendale, AZ 85302 602-347-3300 fax 602-347-3320
☐ Chaparral Elementary 3808 W Joan De Arc Avenue Phoenix, AZ 85029 602-896-5300 fax 602-896-5320	☐ Manzanita Elementary 8430 N 39th Avenue Phoenix, AZ 85051 602-347-2200 fax 602-347-2220	☐ R.E. Miller Elementary 2021 W Alice Avenue Phoenix, AZ 85021 602-347-3000 fax 602-347-3020	☐ Sweetwater 4602 W Sweetwater Avenue Glendale, AZ 85304 602-896-6500 fax 602-896-6520
☐ Cholla Middle School 3120 W Cholla Street Phoenix, AZ 85029 602-896-5400 fax 602-896-5420	☐ Maryland 6503 N 21st Avenue Phoenix, AZ 85015 602-347-2300 fax 602-347-2320	☐ Roadrunner Elementary 7702 N 39th Avenue Phoenix, AZ 85051 602-347-3100 fax 602-347-3120	☐ Tumbleweed Elementary 4001 W Laurel Lane Phoenix, AZ 85029 602-896-6600 fax 602-896-6620
☐ Desert Foothills Junior High 3333 W Banff Lane Phoenix, AZ 85053 602-896-5500 fax 602-896-5520	☐ Moon Mountain Elementary 13425 N 19th Avenue Phoenix, AZ 85029 602-896-6000 fax 602-896-6020	☐ Royal Palm Middle School 8520 N 39th Avenue Phoenix, AZ 85021 602-347-3200 fax 602-347-3220	☐ Washington Elementary 8033 N 27th Avenue Phoenix, AZ 85051 602-347-3400 fax 602-347-3420

Please send Psychological/Special Education file to:

Phone: 602-347-2604
FAX: 602-347-2709

Washington Elementary School District #6

Attn: Special Services Department
4650 W Sweetwater Avenue, Glendale, AZ 85304

REVISED 05 MARCH 2018



New Student Health Information

FOR OFFICE USE ONLY

Student ID# _____

School: _____

☐ Compliant immunization record in Synergy

☐ Awaiting McKinney Vento eligibility

☐ Qualifies for Fostering Connections

☐ Non-compliant immunization(s)
CANNOT START SCHOOL UNTIL COMPLIANT

Legal Last Name: _____

First Name: _____ Middle Name: _____ Grade: _____

Does the student have medical insurance? ☐ NO ☐ YES Name of Insurance Company: _____

Is the student presently taking medication? ☐ NO ☐ YES *(Specify) _____

*If yes, will medication need to be administered at school? ☐ NO ☐ YES
(If yes, see Health Office for procedures and forms.)

Does the student wear glasses? ☐ NO ☐ YES Does the student wear contact lenses? ☐ NO ☐ YES

Does the student require a special diet due to a life-threatening food allergy? ☐ NO ☐ YES
(If yes, see Health Office for procedures and forms.)

Does the student have a disability that requires a special diet? ☐ NO ☐ YES
(If yes, see Health Office for procedures and forms.)

Does the student have problems with hearing? ☐ NO ☐ YES If yes, does student use hearing aids? ☐ NO ☐ YES

Check conditions that apply to your child and explain below:

- ☐ ADD/ADHD
- ☐ Allergies
- ☐ Asthma
- ☐ Chronic headaches
- ☐ Seizure/Convulsive disorders
- ☐ Stomach/Digestive condition
- ☐ Diabetes (Contact health office prior to the student starting)

- ☐ Food Allergy
- ☐ Nose or Throat conditions
- ☐ Vision/Eye condition
- ☐ Heart condition
- ☐ Kidney/Urinary tract condition
- ☐ Hearing/Ear condition
- ☐ Other, (specify) _____

Please explain conditions marked above: _____

Please list other medical/health conditions that might limit the student's activities at school.

In case of an accident or illness, I request that the school contact me. If the school is unable to reach me, or any of the emergency contacts that I have provided, the school may make whatever arrangements are necessary.
Depending on the situation, the parent/guardian of the student, not the school, may be responsible for expenses incurred.

PARENT/GUARDIAN SIGNATURE _____ DATE _____