FOR OFFICIAL USE ONLY

Grade: _____

In-District: ☐ Yes ☐ No

Transportation: _____

HUMBOLDT UNIFIED SCHOOL DISTRICT

6901 E Bear Path, Prescott Valley, AZ 86314

Entry Date: _____

Enrollment Code:_____

SAIS ID#_____

School ID#_____

Pre-enrollment ☐

ENROLLMENT FORM

☐ BFPS ☐ CSES ☐ GES ☐ HES ☐ LTS ☐ LVES ☐ MVES ☐ PRMS ☐ BMMS ☐ BMHS ☐ BMOA

STUDENT INFORMATION

IMPORTANT: Please print student's name exactly as it appears on the legal documentation required for enrollment.

Legal Last Name	Legal First Name	Legal Middle Name	Suffix

Birthdate	Birth City/State/Country	Grade	Gender
			☐ Male ☐ Female

Previously enrolled in AZ? ☐ Yes ☐ No If yes, which school AND year(s)? _____

Previously enrolled in HUSD? ☐ Yes ☐ No If yes, which school AND year(s)? _____

Most recent school attended:_____ City/State _____

The U.S. Department of Education requires all states to collect race and ethnicity information on students and staff.

Race (must select one or more)

☐ White
☐ Black or African American
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ American Indian or Alaskan Native
Tribe _____

Ethnicity (must select one):

Is the student Hispanic/Latino? ☐ 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.)

Student is a dependent of a member of the US military on active duty. ☐ Yes ☐ No

Interpreter needed for parent meetings? ☐ ☐ No

Refugee status? ☐ Yes ☐ No Immigrant? (In US fewer than 3 yrs.) ☐ Yes ☐ No

Has your child ever been asked to leave a school for discipline reasons? ☐ Yes ☐ No

If YES, please attach an explanation ☐ Expulsion ☐ Long-term suspension ☐ Pending Board Action

STUDENT SERVICES/PROGRAMS

Welcome to the Humboldt Schools. In order to assist us in meeting the educational needs of your child, please check appropriate boxes below and supply the requested information to the extent you are able. There are many regulations that govern Special Education programs, 504 accommodations, and services for gifted students. Services provided by your child's previous school should continue in HUSD, but we must be provided with proper documentation. If you want your child to receive the appropriate services, submit current reports, evaluations, the Individualized Education Plan (IEP), and other information you may have as soon as possible. Your effort will expedite services. Please understand that not all documentation from the previous school is automatically forwarded in a timely manner. Thank you for providing this valuable information.

☐ Special Ed Eval
☐ OT/PT
☐ IEP
☐ Current Special Ed Services
☐ Hearing/Vision/Speech
☐ 504 Plan _____ Impairment
☐ Enrichment/Gifted
☐ ELL
☐ Title I

Entered in SM _____ Date_____

PARENT/GUARDIAN INFORMATION

Student lives with ☐ Mother ☐ Father ☐ Step Parent ☐ Guardian ☐ Foster ☐ Other _____

Custody? ☐ Joint ☐ Mother ☐ Father ☐ State ☐ Temporary ☐ Other _____
☐ Custody papers ☐ Non-custodial restrictions

NOTE: The school will not honor custodial restrictions without copies of court orders. A power of attorney document cannot replace court-ordered custody papers.

Priority # 1 Parent/Legal Guardian

Legal Last, Legal First MI (middle initial)

Relationship to Student

Home Address

City, State, Zip

Mailing Address

City, State, Zip

Primary Phone

Secondary Phone

Work Phone

E-mail Address

Priority # 2 Parent/Legal Guardian

Legal Last, Legal First MI (middle initial)

Relationship to Student

Home Address

City, State, Zip

Mailing Address

City, State, Zip

Primary Phone

Secondary Phone

Work Phone

E-mail Address

EMERGENCY CONTACTS (Individuals to contact, other than legal guardian, if child becomes ill)

Priority	Last Name , First Name MI	Relationship to Student	Primary Phone Number	Secondary Phone Number
# 3				
# 4				
# 5				

PLEASE LIST ALL CHILDREN OF SCHOOL AGE AND YOUNGER RESIDING IN THE HOME (OLDEST FIRST)

Last Name , First Name MI	Birth Date	Age	School

I hereby affirm, by my signature, that I am either the parent or guardian of the student being enrolled (or if over 18, I am the student). I affirm that all information provided is true, accurate and up-to-date. Any false statement subjects the student to immediate withdrawal. I also grant the Humboldt Unified School District staff permission, in an emergency, to take my child to the closest emergency center for treatment in the event that I cannot be reached. I understand that the nurse will try to reach the parent(s)/guardian(s) or persons listed above before arranging for transportation to an emergency facility.

Parent/Guardian (Student if over 18) Signature *Date*

Entered in SM _____ Date_____