



# Registration Requirements

## You Will Need the Following for Registering:

\*Completed Enrollment packet for each student enrolling (Includes In-District Transfers)\*

<b>1. Parents/Guardians must be present and provide a government issued photo identification.</b>
<b>2. Proof of Residency Main: (must be current within the last 30 days)</b>
_____ Mortgage Purchase Statement or Rental/Lease Agreement _____ SRP/APS Electric Bill displaying parent name and home address _____ Southwest Gas Bill displaying parent name and home address _____ Water Bill displaying parent name and home address
<b>*District guidelines for Proof of Residency have been established and will be adhered to for all students. <u>Proof of Residency documentation must be renewed each year.</u></b>
<b><u>And</u></b>
<b>3. Proof of Residency Secondary: (must be current within the last 30 days)</b>
_____ Telephone Bill displaying parent name and home address _____ Doctor's Bill displaying parent name and home address _____ Bank or Credit Card Statement displaying parent name and home address _____ Car Insurance displaying parent name and home address
<b>4. Notarized Form</b>
Please Note: If living with another family in the district, a Notarized Form must be completed along with <i>one</i> Proof of Residence listed in #1 from the resident. Parent/Guardian must also provide Proof of Residence within 30 days of student start date.
<b>5. Guardianship Paperwork (If Applicable)</b>
Please Note: The assigned legal guardian must register the child, and provide court appointed custody documentation.
<b>6. Immunization Records</b>
_____ Must have up to date records
<b>7. Birth Certificate</b>
_____ Must be a Certified Birth Certificate from the Vital Statistics of the state child was born in, not a hospital certificate
<b>8. Withdrawal Form and/or Report Card from previous school</b>

<input type="checkbox"/> <b>Complete Registration</b>  Central Registration cannot process faxed or mailed enrollment packets; parent(s)/guardian(s) must complete the enrollment process in person. Only completed registrations will be accepted.
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### Central Registration Contact Information

**3841 N. 91<sup>st</sup> Ave.**

**Phoenix, AZ 85037**

Open: Monday- Friday

8:00 a.m. to 4:00 p.m.

Phone: (623) 772-2302 Fax: (623) 872-8568

<http://www.pesd92.org>



**PENDERGAST ELEMENTARY SCHOOL DISTRICT #92  
STUDENT ENROLLMENT FORM /REGISTRO DE ALUMNOS**

**FOR OFFICE USE ONLY: PARA EL USO DE LA OFICINA UNICAMENTE:**

CTD# 070492 School#: \_\_\_\_\_ SAIS #: \_\_\_\_\_ Student#: \_\_\_\_\_ Date Entered in SMS: \_\_\_\_\_ Entry Code: \_\_\_\_\_  
 First Day of Attendance: \_\_\_\_\_ Language Code: \_\_\_\_\_ Previously Attended Pendergast District: Yes [ ] No [ ]  
 Special Health Conditions: \_\_\_\_\_ Agricultural Work in Last 3 Years: Yes [ ] No [ ] Doubled Up: Yes [ ] No [ ]  
 Current Program Information: Special Education: Yes [ ] No [ ] Speech: Yes [ ] No [ ] ELL: Yes [ ] No [ ] Gifted: Yes [ ] No [ ] 504 Plan: Yes [ ] No [ ]  
 Transportation: Yes [ ] No [ ]

**Student Information/ Información de los Estudiantes**

Student Legal Last Name /Apellido Legal _____		Student Legal First Name / Primer Nombre Legal _____		Middle Name /Segundo Nombre _____	Sex / Sexo _____
Address/ Domicilio _____		City / Ciudad _____		Zip Code/Codigo Postal _____	
Home Phone / Telefono _____	Yes [ ] No [ ] Unlisted/ Privado _____	Birth City, State, Country/ Ciudad Natal, Estado, País _____	Month _____ Day _____ Year _____	Birthdate/ Fecha de Nacimiento _____ Present Age/ Edad Actual _____	
Current Year Grade/ Grado Actual _____	Last School Attended, State / Escuela Anterior, Estado _____	# Years Attended/# de Años que Asistió _____	Yes/Si [ ] No [ ]	Grade/ Grado _____ Has Student Ever Been Retained? ¿Ha sido el Alumno Algun Vez Reprobado?	

**Ethnicity/ Etnicidad:**

Is the student Hispanic ?/¿Es El Estudiante Hispano o? (Choose only one/Elija una respuesta solamente)? Yes/Si [ ] No [ ]

**Race/ Raza:**

What is the Student's Race?/¿Cual Es La Raza Del Estudiante? (Choose one or more/Elija una o más respuestas)?

- \_\_\_\_\_ American Indian/ Alaska Native/ Indígena Americano o Nativo de Alaska
- \_\_\_\_\_ Asian/ Asiatico
- \_\_\_\_\_ Black/African American/ Afro Americano
- \_\_\_\_\_ Native Hawaiian/ Other Pacific Islander/ Hawaiano Indígena U Otras Islas Del Pacifico
- \_\_\_\_\_ White/ Blanco

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_  
 ¿Cuál es el idioma que se habla principalmente en el hogar sin importar el idioma que habla el estudiante? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_  
 ¿Cuál es el idioma que el estudiante habla con mayor frecuencia? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_  
 ¿Cuál fue el primer idioma que aprendió el estudiante? \_\_\_\_\_

Is student receiving ELL support services? Yes/Si [ ] No [ ] #of Years \_\_\_\_\_ Is the student receiving Special Education Services? Yes/Si [ ] No [ ]  
 ¿Está recibiendo los servicios de apoyo del ELL? # de Años \_\_\_\_\_ ¿Está el alumno recibiendo los servicios de educación especial?

Does student have refugee status? Yes/Si [ ] No [ ] #of Years \_\_\_\_\_ Do you have your child's IEP paperwork? Yes/Si [ ] No [ ]  
 ¿Tiene una categoría de refugiado el alumno? # de Años \_\_\_\_\_ ¿Tiene el IEP (plan de educación individual) presente?

Is the student currently serving or being recommended for long term suspension? Yes/Si [ ] No [ ]  
 ¿Está actualmente el alumno suspendido o en trámites para una suspensión de largo plazo?

Is the student currently expelled or being recommended for expulsion? Yes/Si [ ] No [ ]  
 ¿Está actualmente el alumno expulsado o en trámites de expulsión?

**Family Information/ Información de la Familia:**

Child lives with: EL alumno vive con:	<input type="checkbox"/> Mother Madre	<input type="checkbox"/> Father Padre	<input type="checkbox"/> Step Mother Madrastra	<input type="checkbox"/> Step Father Padastro	<input type="checkbox"/> Foster Mother Madre Adoptivo	<input type="checkbox"/> Foster Father Padre Adoptivo	<input type="checkbox"/> Guardian Tutor	<input type="checkbox"/> Other: _____ Otro
	Full Name Nombre Completo	Business Phone Teléfono del trabajo	Cell Phone Teléfono Celular	Home Phone Teléfono de la casa	E-Mail Address Correo electrónico			
Mother/Madre								
Father/Padre								
Stepparent/ Padrastrós								
Guardian/Tutor								

If separated or divorced, who has legal custody?/ Si esta separado (a) o divorciado (a), ¿Quién tiene la custodia? N/A [ ] \_\_\_\_\_

Copies of legal custody papers furnished?/ ¿Se proporcionaron los documentos legales de la custodia? Yes/Si [ ] No [ ] N/A [ ]

Does the other parent have visitation rights? ¿Tiene derechos legales de vista el otro padre? Yes/Si [ ] No [ ] N/A [ ]

**Emergency Contact Information/ Información de Contacto de Emergencia**

The following people have permission to pick up my child and may be notified in an emergency:  
Las siguientes personas tienen mi permiso para recoger a mi hijo(a) y pueden ser notificadas en caso de emergencia:

Name/ Nombre	Relationship to Child Parentesco con el niño	Home Phone Tel. de casa	Business/Cell Phone Tel. Trabajo/celular

**Sibling Information/ Información Sobre Hermanos**

Please list all siblings attending this school:  
Por favor anote a los otros hermanos(as) que asisten a ésta escuela:

Name Nombre	Birthdate Fecha de Nacimiento	Grade Año

As the Parent/Legal Guardian of the student, I attest that I am a resident of the State of Arizona and submit documentation that displays my name and residential address or physical description of the property where the student resides. By signing this document I am stating the information supplied is true and accurate.

Como Padre/Guardián del alumno yo atestiguo que soy residente del estado de Arizona y he presentado documentación que demuestra mi nombre y domicilio o descripción física de la propiedad de donde vive le alumno. Al firmar este documento estoy declarando que la información brindada es verdadera y correcta.

  X    
Parent/ Guardian Signature /Firma Del Padre /Tutor \_\_\_\_\_ Date/ Fecha \_\_\_\_\_



State of Arizona  
Department of Education  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey**  
(Effective April 4, 2011)

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

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the primary language used in the home regardless of the language spoken by the student?** \_\_\_\_\_
2. **What is the language most often spoken by the student?** \_\_\_\_\_
3. **What is the language that the student first acquired?** \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

**PENDERGAST SCHOOL DISTRICT #92**  
**STUDENT HEALTH HISTORY**  
**VOLUNTARY**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
                Last                First                Middle                Month                Day                Year

**Completion of this form is voluntary. However, the following information may be helpful in assessing a child's health/learning. This information may be shared with school staff who have a need to know in order to protect your child.**

**Has this child ever had any of the following? If "yes", please give age at the time.**

		<b>Age</b>			<b>Age</b>
Yes___	No___	Allergies _____	Yes___	No___	Hemophilia _____
		To What? _____	Yes___	No___	Hepatitis _____
Yes___	No___	Arthritis _____	Yes___	No___	High Blood Pressure _____
Yes___	No___	Asthma _____	Yes___	No___	Kidney Disease _____
Yes___	No___	Attention Deficit Disorder _____	Yes___	No___	Migraines _____
Yes___	No___	Cerebral Palsy _____	Yes___	No___	Rheumatic Fever _____
Yes___	No___	Chicken Pox _____	Yes___	No___	Seizures _____
Yes___	No___	Curvature of Spine _____	Yes___	No___	Skin Rashes _____
Yes___	No___	Diabetes _____	Yes___	No___	Stomach Problems _____
Yes___	No___	Eczema _____	Yes___	No___	Urinary Tract Infections _____
Yes___	No___	Frequent Ear Infections _____			
Yes___	No___	Heart Disease _____	Other: _____		
Yes___	No___	Is child taking medicine?			
		Name of Medicine _____			
Yes___	No___	Has this child ever had surgery?			
Yes___	No___	Ever had a serious accident or injury?			
Yes___	No___	Does this child wear glasses? Reading? _____ Distance? _____			
Yes___	No___	Have other vision difficulties diagnosed by a professional?			
Yes___	No___	Have any speech difficulties diagnosed by a professional?			
Yes___	No___	Have any hearing difficulties diagnosed by a professional?			
Yes___	No___	Wear a hearing aide(s)?			
Yes___	No___	Has this child ever had tubes put in his/her ears?			
Yes___	No___	Does this child have tubes in his/her ears now?			
Yes___	No___	Would you like to discuss any of this health history with the school health personnel?			
		Please list phone # and best time to be reached: _____			

Physician's/Clinic Name \_\_\_\_\_

**Please explain any "Yes" answers / or provide additional information you may feel may be useful for the school health personnel: (Be sure to list any medications your child is taking.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Pendergast Student Residency Questionnaire

Name of School \_\_\_\_\_

Name of Student \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Last      First      Middle  
Age: \_\_\_\_      Sex: Male Female  
Grade: \_\_\_\_\_

3. Is the student under refugee status? Yes \_\_\_\_ No \_\_\_\_  
If yes, Country \_\_\_\_\_ Effective Date \_\_\_\_\_

4. Was student born outside of the US? Yes \_\_\_\_ No \_\_\_\_ . If yes, Country \_\_\_\_\_  
If born outside of US, are the parents in the US Military? Yes \_\_\_\_ No \_\_\_\_

List all schools attended for the past 3 years.

School Year	Grade	School Name	City	State	Country

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.**

1. Is your current address a temporary living arrangement? Yes \_\_\_\_ No \_\_\_\_

2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes \_\_\_\_ No \_\_\_\_

*If you answered YES to the above questions, please complete the remainder of this form.*

*If you answered NO, you may stop here.*

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Where is the student presently living? (Circle one option)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Office personnel:**

*If both questions are marked yes, please make a copy and send to Educational Services, attention Lourdes "Lulu" Rood*

Will your child need transportation if it is determined that they qualify for the McKinney-Vento Act? Yes No

**PENDERGAST ELEMENTARY SCHOOL DISTRICT #92**  
**AUTHORIZATION AND PERMISSION TO RELEASE MEDICAL and EDUCATIONAL Records**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Address (Previous School): \_\_\_\_\_

City/State/Zip (Previous School): \_\_\_\_\_

Phone Number (Previous School): \_\_\_\_\_

Fax Number (Previous School): \_\_\_\_\_

In compliance with the Family Education Rights and Privacy Act of 1974, I authorize the release of my child's school records, including gifted, educational, medical, social or special education information to the Pendergast Elementary School District.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

**PLEASE SEND RECORDS, EXCEPT *SPECIAL EDUCATION RECORDS*, TO THE FOLLOWING SCHOOL:**

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- [ ] **Amberlea**      8455 W. Virginia Ave. Phoenix, AZ 85037      (623) 772-2900      Fax: (623) 594-2786
  - [ ] **Canyon Breeze** 11675 W. Encanto Blvd. Avondale, AZ 85392      (623) 772-2610      Fax: (623) 478-9912
  - [ ] **Copper King**    10730 W. Campbell Ave. Phoenix, AZ 85037      (623) 772-2580      Fax: (623) 872-7769
  - [ ] **Desert Horizon** 8525 W. Osborn Rd. Phoenix, AZ 85037      (623) 772- 2430      Fax: (623) 873-4691
  - [ ] **Desert Mirage** 8605 W. Maryland Ave. I rggp crg, AZ 85305      (623) 772- 2550      Fax: (623) 872-8401
  - [ ] **Garden Lakes** 10825 W. Garden Lakes Pkwy. Avondale, AZ 85392 (623)772- 2520 Fax: (623) 877-9545
  - [ ] **Pendergast**      3800 N. 91<sup>st</sup> Ave. Phoenix, AZ 85037      (623) 772-2400      Fax: (623) 877-9591
  - [ ] **Rio Vista**      10237 W. Encanto Blvd. Avondale, AZ 85392      (623) 772-2670      Fax: (623) 478-1972
  - [ ] **Sonoran Sky**    10150 W. Missouri Ave. Glendale, AZ 85307      (623) 772-2640      Fax: (623) 772-1005
  - [ ] **Sunset Ridge**    8490 W. Missouri Ave. Glendale, AZ 85305      (623) 772-2730      Fax: (623) 877-4935
  - [ ] **Villa De Paz**    4940 N. 103<sup>rd</sup> Ave. Phoenix, AZ 85037      (623) 772-2490      Fax: (623) 877-8977
  - [ ] **Westwind**      9040 W. Campbell Ave. Phoenix, AZ 85037      (623) 772-2700      Fax: (623) 772-8464