



Registration Requirements

You Will Need the Following for Registering:

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

1. Parents/Guardians must be present and provide a government issued photo identification.
2. Proof of Residency Main: (must be current within the last 30 days) ____ 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 *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>
<u>And</u>
3. Proof of Residency Secondary: (must be current within the last 30 days) ____ 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
4. Notarized Form 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.
5. Guardianship Paperwork (If Applicable) Please Note: The assigned legal guardian must register the child, and provide court appointed custody documentation.
6. Immunization Records ____ Must have up to date records
7. Birth Certificate ____ Must be a Certified Birth Certificate from the Vital Statistics of the state child was born in, not a hospital certificate
8. Withdrawal Form and/or Report Card from previous school

Complete Registration

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.

Central Registration Contact Information

3841 N. 91st 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 [] Military: Yes [] No []
 Current Program Information: Special Education: Yes [] No [] Speech: Yes [] No [] ELL: Yes [] No [] Gifted: Yes [] No [] 504 Plan: Yes [] No []
 Internet: Yes [] No [] How did you hear about us? [] Sibling [] Website [] Friends [] Event [] Social Media [] Ad Other: _____

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/ Código Postal _____
 Home Phone / Telefono _____ Yes [] No [] Unlisted/ Privado _____ Birth City, State, Country/ Ciudad Natal, Estado, País _____ Month _____ Day _____ Year _____ Present Age/ Edad Actual _____
 Current Year Grade/ _____ Last School Attended, State / Escuela Anterior, Estado _____ # Years Attended/# de Años que Asistió _____ Yes/Si [] No [] Grade/ Grado _____
 Grado Actual _____ 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/ Indigeno Americano o Nativo de Alaska
 _____ Asian/ Asiatico
 _____ Black/ African American/ Afro Americano
 _____ Native Hawaiian/ Other Pacific Islander/ Hawaiano Indigeno 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 Padrastro	<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 visita 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 _____

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.

	Age		Age
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	_____	Other: _____	
Yes___ No___ Heart Disease	_____	_____	
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.

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:

-
- [] **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. Glendale, 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. 91st 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. 103rd 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