

For office use only

Entry date _____

Entry code _____

H / R _____

of absences _____

Glendale Union High School District

School Enrollment Form

For office use only

I.D. # _____

Counselor _____

State ID # _____

IEP Teacher _____

Please PRINT information

Circle Grade Level **9 10 11 12**

PRIMARY HOUSEHOLD

Student Last Name _____ First Name _____ Middle _____ Suffix _____

Gender (Check One) Male _____ Female _____ Birth Date Month _____ / Day _____ / Year _____

Birth State _____ Birth Country (if outside USA) _____

Home Address _____ Apt _____

City _____ State _____ Zip _____ Home Phone (_____) _____

Previous School attended _____ City/State of Previous School _____

Hospital Preference _____ Brothers/Sisters in this district? _____

STUDENT LIVES WITH: Mother Father Both Parents Guardian Foster Home Group Home

Father/Male Guardian Name _____ Relationship _____

Work Phone (_____) _____ Cell Phone (_____) _____

E-MAIL _____ @ _____

Mother/Female Guardian Name _____ Relationship _____

Work Phone (_____) _____ Cell Phone (_____) _____

E-MAIL _____ @ _____

EMERGENCY CONTACT _____ Daytime Phone (_____) _____

(Other than parent -- Do NOT leave blank)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c) **PHLOTE Home Language Survey:** Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

What is the primary language used in the home regardless of the language spoken by the student? ___ English ___ Spanish ___

Other: _____ What is the language most often spoken by the student? ___ English ___ Spanish ___

Other: _____

What is the language that the student first acquired? ___ English ___ Spanish ___ Other

ETHNIC ORIGIN

Please check one:

_____ White, not of Hispanic origin-origin from the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.

_____ Asian or Pacific Islander

_____ Black, not of Hispanic origin

_____ Hispanic - Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

_____ American Indian or Alaskan Native.

_____ Refugee, *If the student has refugee status, documentation of the status must be provided.*

_____/_____/_____ Date student FIRST entered an **US** school?

_____/_____/_____ Date student FIRST entered an **AZ** school?

Month / Year

Month / Year

PARENT/GUARDIAN EDUCATIONAL LEVEL (Mark **highest level of education completed** even if parent is not at home)

Father/Guardian Elementary Some High School High School Grad Some College/Tech School College Grad

Mother/Guardian Elementary Some High School High School Grad Some College/Tech School College Grad

**If parents/guardians are separated or divorced, who has court-appointed CUSTODY of this student?
The custodial parent/guardian is responsible for providing all legal documents at the time of registration.**

I / We have _____ **Joint Custody** (Information below not needed) _____ **Sole Custody** (If sole custody please complete information below)

Name of **custodial** parent/guardian _____

Address of **custodial** parent/guardian _____

Relationship to student: _____ I have provided copy of Court Appointed Custodial Documentation _____ (Initials)

SECONDARY HOUSEHOLD

This area is for biological parent who is not residing with student.

Last Name _____ First Name _____ M.I. _____ Suffix _____

Home Address _____ Apt _____

City _____ State _____ Zip _____ Home Phone (_____) _____

Relationship _____ Work Phone (_____) _____

Cell Phone (_____) _____ E-MAIL _____ @ _____

Mail School Information to secondary household Yes _____ No _____

LIST ALL SCHOOLS THIS STUDENT PREVIOUSLY ATTENDED

	Name of School	City, State	Years attended	Reason left
Grade 8	_____	_____	_____	_____
Grade 9	_____	_____	_____	_____
Grade 10	_____	_____	_____	_____
Grade 11	_____	_____	_____	_____
Grade 12	_____	_____	_____	_____

SPECIAL CLASSES Was student enrolled in any of these classes at the former school(s)? Answer ALL.

Yes _____	Date _____	No _____	Accelerated / Advanced Placement / Honors / Gifted / IB
Yes _____	Date _____	No _____	Special Education / Learning Disabled Resource / Self-Contained
Yes _____	Date _____	No _____	English Language Learner Program
Yes _____	Date _____	No _____	504 Plan
Yes _____	Date _____	No _____	Other _____

Did this student complete school last semester? Yes _____ No _____

If NO, please explain reason _____

Has this student ever been SUSPENDED or EXPELLED from any school? Yes _____ No _____

If YES, please give date and reason _____

Mailing

In an effort to provide more timely information to families and to reduce postage costs, GUHSD will no longer mail monthly newsletters, report cards, progress reports and other related communication unless requested. All of the aforementioned documents will be easily accessible through email update, the Parent Portal, the Student Portal and the District and High School websites. If you do not have Internet access and would like to receive all school communications through the U.S. Postal service, please check one of the following below:

_____ No, I will access my student's information through Internet. _____ Yes, please send my student's information through U.S. Postal Service

Parent/Guardian Signature _____ **Date** _____