



# 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  
(Kindergarten students must be born on or before August 31, 2013)
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 form – filled out, signed and dated
2. Parent & Emergency Contact Information form – filled out, signed and dated
3. Arizona Residency Documentation form – filled out, signed and dated (with Registering student's name on it)
4. PHLOTE Home Language Survey form – filled out, signed and dated
5. Student Health Information form – filled out, signed and dated

### Possible additional items to bring

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



**WASHINGTON  
ELEMENTARY  
SCHOOL  
DISTRICT**

School \_\_\_\_\_

# Student Information

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

Date entered into Synergy:

**Student Legal**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Gender:  M  F Grade:  PS  KG  01  02  03  04  05  06  07  08

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name Student Goes By: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year (If different than legal name) (Last) (First)

State of Birth: \_\_\_\_\_ Country of Birth:  USA  Other \_\_\_\_\_ Entry Date to USA: \_\_\_\_\_  
(If country of birth is other than USA)

**SELECT AT LEAST ONE RACE regardless of ethnicity**

Race:  Black  White  Asian  American Indian or Alaskan Native  Native Hawaiian or Pacific Islander

Ethnicity: Hispanic/Latino  NO  YES

Does your child claim any American Indian tribal affiliation?  NO  YES  
(If yes, please complete a 506 form)

FOR OFFICE USE ONLY - 506 FORM	
<input type="checkbox"/> Sent Home	<input type="checkbox"/> In Synergy
<input type="checkbox"/> No Number	

Last School Attended: \_\_\_\_\_ State: \_\_\_\_\_ Grade Level Attended: \_\_\_\_\_

Was last school attended?  Public  Charter  Indian Reservation School  Private  Parochial  Home Schooled

Has student ever attended any school in Arizona?  NO  YES

Has student ever attended a Washington School District School?  NO  YES School \_\_\_\_\_ Grade(s) \_\_\_\_\_

HAS STUDENT EVER:	FOR OFFICE USE ONLY - SpEd
Received Special Education services? <input type="checkbox"/> NO <input type="checkbox"/> YES explain: _____	<input type="checkbox"/> No Docs <input type="checkbox"/> Docs
Received Gifted services? <input type="checkbox"/> NO <input type="checkbox"/> YES explain: _____	<input type="checkbox"/> Saved
Received ELL or Bilingual services? <input type="checkbox"/> NO <input type="checkbox"/> YES explain: _____	<input type="checkbox"/> WESD SpEd Docs in Synergy
Been or in the process of being expelled or long-term suspended? <input type="checkbox"/> NO <input type="checkbox"/> YES explain: _____	<input type="checkbox"/> Resource <input type="checkbox"/> 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. _____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
2. _____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
3. _____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

**RESPONSES TO THESE STATEMENTS WILL BE USED TO DETERMINE WHETHER YOUR CHILD 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  Other language: \_\_\_\_\_

What is the language most often spoken by the student?  English  Other language: \_\_\_\_\_

What is the language that the student first acquired?  English  Other language: \_\_\_\_\_

Court Ordered Custody Information (Documentation Required)	FOR OFFICE USE ONLY
Custody of Student: <input type="checkbox"/> Joint <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> DCS	<input type="checkbox"/> No Docs <input type="checkbox"/> CSU Trifold Given
<input type="checkbox"/> Other _____	<input type="checkbox"/> Legal Docs (Court, Notice to Provider)
	<input type="checkbox"/> Unofficial Docs <input type="checkbox"/> CSU Trifold Given
	<input type="checkbox"/> 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:** \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 (IF DIFFERENT THAN HOME ADDRESS)

**PARENT/GUARDIAN landline, cell phone numbers and email addresses** will be used for automated messages regarding attendance and notifications from the school or district.

PARENT(S) OR LEGAL GUARDIAN(S)	1) Relationship to student (check one) <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Lives with enrolling child: <input type="checkbox"/> NO <input type="checkbox"/> YES
	Last Name _____ First Name: _____
	Address: _____ City: _____ Zip Code: _____ (IF DIFFERENT THAN STUDENT'S PRIMARY ADDRESS)
	Cell Phone: _____ Landline: _____ Email: _____
	Employer: _____ Work Phone: _____ Ext. _____
	2) Relationship to student (check one) <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Lives with enrolling child: <input type="checkbox"/> NO <input type="checkbox"/> YES
	Last Name _____ First Name: _____
	Address: _____ City: _____ Zip Code: _____ (IF DIFFERENT THAN STUDENT'S PRIMARY ADDRESS)
	Cell Phone: _____ Landline: _____ Email: _____
	Employer: _____ Work Phone: _____ Ext. _____
	3) Relationship to student (check one) <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Lives with enrolling child: <input type="checkbox"/> NO <input type="checkbox"/> YES
	Last Name _____ First Name: _____
	Address: _____ City: _____ Zip Code: _____ (IF DIFFERENT THAN STUDENT'S PRIMARY ADDRESS)
	Cell Phone: _____ Landline: _____ Email: _____
	Employer: _____ Work Phone: _____ Ext. _____
	4) Relationship to student (check one) <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Lives with enrolling child: <input type="checkbox"/> NO <input type="checkbox"/> YES
Last Name _____ First Name: _____	
Address: _____ City: _____ Zip Code: _____ (IF DIFFERENT THAN STUDENT'S PRIMARY ADDRESS)	
Cell Phone: _____ Landline: _____ Email: _____	
Employer: _____ Work Phone: _____ Ext. _____	

**DAY CARE PROVIDER** - List the provider who can pick up your child after school:

Day Care Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**EMERGENCY CONTACTS** - List individuals other than Parent(s)/Guardian(s) who can pick up and provide temporarily 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: \_\_\_\_\_

ADDITIONAL CONTACTS, IF NEEDED, MAY BE PROVIDED TO THE SCHOOL OFFICE.

**PARENT/GUARDIAN SIGNATURE:**  \_\_\_\_\_ **Date:** \_\_\_\_\_



## ARIZONA RESIDENCY DOCUMENTATION FORM

**Including enrolling student(s), list all school age siblings living at the address on the proof of residency document:**

Enrolling student: \_\_\_\_\_ District: W.E.S.D. #6

Student: \_\_\_\_\_ District: W.E.S.D. #6

Student: \_\_\_\_\_ District: W.E.S.D. #6

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)**:

- \_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_ Real estate deed or mortgage documents
- \_\_\_ Property tax bill *(most recent)*
- \_\_\_ Valid Residential lease or rental agreement *(signed by both landlord & tenant)*
- \_\_\_ Arizona Section 8 agreement *(issued by City government)*
- \_\_\_ 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)

\_\_\_ 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 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.

FOR OFFICE USE ONLY

Valid Arizona Address Confidentiality Program authorization card  McKinney-Vento



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 *X* \_\_\_\_\_ Date \_\_\_\_\_

District or Charter **Washington Elementary School District #6**

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.

