



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		Date entered into Synergy:
Synergy Student ID#		
Projected Entry Date/Code	/	
Actual Entry Date		

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

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

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

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 _____

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.

