



**For Office Use Only**

Date of Entry into SIS: \_\_\_\_\_  
 Date of Enrollment: \_\_\_\_\_  
 SIS #: \_\_\_\_\_  
 State ID#: \_\_\_\_\_  
 Withdrawal Date: \_\_\_\_\_

**Arizona Autism Charter Schools (AZACS)  
 Registration Form 2019 -2020  
 (Please print clearly)**

**STUDENT INFORMATION:**

Last Name:		First:		Middle:		Preferred Name:	
Date of Birth:	Gender:	Birth City and State:		Diagnosis (if applicable)		2019 - 20 Grade:	
Current Address:			City:		State	Zip Code:	

**STUDENT DEMOGRAPHICS (select all that apply):**

**RACE:**     American Indian or Alaska Native     Asian     Black/African American     Native Hawaiian or Pacific Islander  
 White     Two or more races

**ETHNICITY:** Hispanic or Latino     Yes    or     No

**PRIMARY HOME LANGUAGE SURVEY:**

Primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

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

What is the language that the student first acquired? \_\_\_\_\_

**PARENT/ GUARDIAN CONTACT INFORMATION:**

**1st Parent/ Guardian Name:**

Mother     Father     Step-parent     Grandparent     Aunt/Uncle     Legal Guardian     Other \_\_\_\_\_

Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Secondary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email:	
Address:	City:	State:	Zip:

**2nd Parent/ Guardian Name:**

Mother     Father     Step-parent     Grandparent     Aunt/Uncle     Legal Guardian     Other \_\_\_\_\_

Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Secondary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email:	
Address:	City:	State:	Zip:

**Please specify who student lives with (check all that apply):**

Mother     Father     Step-parent     Grandparent     Aunt/Uncle     Legal Guardian     Other \_\_\_\_\_

**Who has legal custody of student? (check all that apply)**

Mother     Father     Step-parent     Grandparent     Aunt/Uncle     Legal Guardian     Other \_\_\_\_\_

**Does student have legal/ court appointed custody instructions?**     Yes     No

*PLEASE NOTE: If YES, legal custodial party is responsible for providing AZACS with necessary paperwork.*

**Daily Emergency Contact and Disaster Release Contacts:**

Please designate two (2) local adults as **EMERGENCY CONTACTS** (other than parent/ guardian(s) listed above who can be responsible for your student if you are not available and your student is ILL or INJURED. In addition, please list **local** adults who would assume responsibility for your child if you are unable to in the event of a **DISASTER**. Out of district families are encouraged to list Emergency Contact/s living in or near Phoenix. Your child will not be released to anyone whose name and address does not appear below. Proper identification will be required. A contact can be both an Emergency Contact and Disaster Release Contact if you choose.

Name:	Address:	Relationship:	Home Phone (with area code)	Work /Cell Phone (with area code)	Emergency Contact	Disaster Release
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**Authorization and Signature**

- In the event of illness or injury, I hereby authorize the school to obtain emergency transportation and treatment for my child.
- I understand the above information will be treated confidentially and shared with staff on a need to know basis to ensure the health and safety of my child at school.
- I hereby authorize Arizona Autism Charter School personnel to release my child to any person listed on the form in the event of an emergency.

**SIGN HERE**

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

\_\_\_\_\_  
Date

**SIBLING(S) IN THE HOME:**

Sibling Name	School Name	Grade	Age	Diagnosis (if any)

**STUDENT TRANSPORTATION:**

Who will bring your child to school?

Who will pick-up your child from school?

**OTHERS AUTHORIZED TO PICK-UP / DROP-OFF STUDENT**

First and Last Name:	Relationship:	Phone:

Please list anyone **NOT** authorized to pick-up your child. If this is a court order please attach a copy of document. \_\_\_\_\_

**UNIFORM POLICY**

The AZACS uniform consist of a blue or maroon polo shirt with the AZACS logo. Students can wear navy or khaki shorts or pants of their choice. Girls can also wear a navy or khaki skirt. Shoes should be closed toed or sandals with secure straps (no flip flops). Information on how to order uniforms can be found on the school website. Or contact the front desk for details.

**Backpacks:**

All students must bring backpacks to school. All bags must be backpacks that can be worn over two shoulders. Over the shoulder messenger bags are not permitted. Recommended supply list will be provided.

**PHYSICAL ACTIVITY CONSENT**

Your son or daughter (the "Participant") may participate in Physical Activities associated with Arizona Autism Charter Schools, Inc. (AZACS). Physical activities require Participant's parent/guardian to sign this Acknowledgement and Assumption of Risk and Release. Physical Activities may include, but are not limited to: using the AZACS playground equipment, offsite activities and field trips, gym equipment, Occupational/Physical Therapy equipment, participating in all recess activities, and participating in any sports or adaptive sports activities that AZACS may have or bring on campus. By signing this document you:

1. Acknowledge that injury may result from the Participant's participation in the physical activity;
2. Represent to AZACS and their affiliates, that Participant has no injury, illness, or other medical condition that would prevent him/her from participating in the physical activity, or that would make it dangerous, harmful, or inadvisable for him/her to do so;
3. Assume the risk of and release of, and hold AZACS harmless from and against any and all liability for any physical or other injury or harm suffered by the Participant during, or as a consequence of participating in, physical activity; and
4. Agree that neither AZACS nor the facility at which physical activity program is held, nor any other person involved in organizing or conducting the physical activity (including staff, therapists, teachers, coaches, contractors, and AZACS) shall have any liability or responsibility for any such injury or harm the Participant may suffer.

I have carefully read, understand, and hereby agree to the above, and acknowledge that this agreement shall be binding on me, my spouse, my children, legal representatives, heirs, successors, and assigns:

Parent/Guardian Signature: \_\_\_\_\_



**PARENT/ GUARDIAN STATEMENT**

I hereby acknowledge that I have thoroughly read and understand the 2019-2020 Registration Form in its entirety. I certify that the information is true. I understand that by submitting this information I am registering and enrolling my student at AZACS and therefore will be held accountable for all policies that are put in place to confirm enrollment. I understand I must complete this form and all other forms requested for enrollment within one week of receipt to maintain my child's placement in AZACS. I will inform AZACS administrators of changes to the information listed above.



\_\_\_\_\_  
Parent/Guardian Name

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

\_\_\_\_\_  
Date