



For Office Use Only: _____

Date of Entry into SIS: _____

Date of Enrollment: _____

Date of Withdrawal: _____

Final Enrollment/Registration Form 2018-2019

Student Information:			
Student First Name Middle Name Last Name			Preferred Name:
Date of Birth:	Gender:	Diagnosis:	
Current Address:			2018-19 Grade Level:
City:		State:	Zip Code:

Student Demographic (select all that apply)	
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Caucasian
Ethnicity:	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No
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	
Primary Parent/Guardian Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian	
Primary Phone: Home/Work/Cell	
Secondary Phone: Home/Work/Cell	
Address: _____ City, State _____ Zip: _____	
Email: _____	

Parent/Guardian Contact Information	
Secondary Parent/Guardian Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	
Primary Phone: Home/Work/Cell	Secondary Phone: Home/Work/Cell
Address:	City, State Zip:
Email:	
Who has legal custody? (Check all that apply)	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian	
<input type="checkbox"/> Other: _____	
Does the other parent have visitation rights? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Please note: You are responsible for providing Arizona Autism Charter School with necessary legal custody papers)	
Please specify who the student lives with: (Check all that apply)	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Legal Guardian	
<input type="checkbox"/> Other: _____	
Single parent household? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Siblings in the home				
Sibling Name	School Name & Grade Level	Date of Birth	Age	Diagnosis if any

Student Transportation

Who will be bringing your child to school?

Who will be picking up your child from school?

Parent/Guardian Educational Background

Volunteer Survey

Are you interested in school volunteer opportunities? Yes No

If so, which opportunities interest you? (Check all that apply)

- Parent Advisory Meetings
- Parent Fundraising Committee
- Chaperoning Field Trips
- Supporting school staff/teachers with administrative tasks
- Other: _____

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, 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 Arizona Autism Charter Schools, Inc. (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: _____

Uniform Policy

The AZACS uniform consists 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). Please contact the front desk for details on how to order uniforms.

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.

Parent/Guardian Statement

I hereby acknowledge that I have thoroughly read and understand the 2018-2019 Final Enrollment/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