

# Round Valley Unified School District No. 10

P.O. Box 610 Springerville, AZ. 85938

## Student Enrollment Form

Legal Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Last Name (If other than legal) \_\_\_\_\_ Birthplace \_\_\_\_\_  
(City) (State) (County)

Address \_\_\_\_\_ Telephone (H) \_\_\_\_\_  
(PO Box) (City) (State) (Zip)

Address \_\_\_\_\_ Telephone (W) \_\_\_\_\_  
(Physical) (City) (State) (Zip)

Homeless – Nighttime Residence \_\_\_\_\_

Birth Certificate? Yes \_\_\_ No \_\_\_ Other \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_ Immunizations up to date? Yes \_\_\_ No \_\_\_

Last School Attended? \_\_\_\_\_ Years Attended? \_\_\_\_\_ Last Grade Attended? \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Has student been previously enrolled in the Round Valley district? Yes \_\_\_ No \_\_\_ Year \_\_\_\_ School \_\_\_\_\_

Parent(s) or Guardian(s) Name	Occupation	Employer	Telephone
Father			
Stepfather			
Mother			
Stepmother			
Guardian			

Parents separated? Yes \_\_\_ No \_\_\_ Is there a custody issue the school needs to know about? Yes \_\_\_ No \_\_\_

Is there paperwork found within the students file? Yes \_\_\_ No \_\_\_

Does your child have a serious illness or handicap? Yes \_\_\_ No \_\_\_

Please list the names of all children living at home and attending a Round Valley school

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please check one or write in Tribal name

American Indian \_\_\_\_\_ San Carlos Apache \_\_\_\_\_ Whiteriver Apache \_\_\_\_\_ Tribal Name \_\_\_\_\_ Alaskan Native \_\_\_\_\_  
Hispanic \_\_\_\_\_ Black (Not of Hispanic origin) \_\_\_\_\_ Asian / Pacific Islander \_\_\_\_\_ White (Not of Hispanic origin) \_\_\_\_\_

Has this student been enrolled in programs such as **Special Education, Gifted, and Title 1? ESL, ECT.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Please Specify \_\_\_\_\_

Has this student been enrolled in pre-school or head start? Yes \_\_\_ No \_\_\_ How many years in attendance \_\_\_\_\_

### Primary Language (A.R.S 15:751-756)

Students first acquired language? \_\_\_\_\_ Language most often spoken by the student? \_\_\_\_\_

Language most often spoken at home, regardless of the language spoken by the student? \_\_\_\_\_

**I CERTIFY THAT I AM A RESIDENT OF THE ROUND VALLEY UNIFIED SCHOOL DISTRICT NO. 10, AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT. (The district may request proof of residency such as a copy of a rental agreement, electric bill, etc.)**

\_\_\_\_\_  
(Assigned Grade)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)

### TO BE COMPLETED BY SCHOOL

Entry Code \_\_\_\_\_ Entry Date \_\_\_\_\_ Transported: Yes \_\_\_ No \_\_\_ Bus Number \_\_\_\_\_  
Assigned Teacher \_\_\_\_\_ Room Number \_\_\_\_\_ Grade \_\_\_\_\_ SAIS ID \_\_\_\_\_

Records requested by Round Valley Unified School District on: \_\_\_\_\_ Revised 4-13-09