Date of Registration ___________________

REGISTRATION FORM
TUCSON UNIFIED SCHOOL DISTRICT

SCHOOL ______________________

Student Name ______________________________ Grade ________ Homeroom Teacher ____________
Legal Surname First Middle

Address ______________________ Zip Code ______________ Home Phone ________________

Sex ____ (1) Male ____ (2) Female

Date Of Birth

MO	DAY	YEAR

Country Of Birth ____________________

State Of Birth ____________________

Ethnic Choice — Please check the one that you most clearly identify with

_____ (1) White (not Hispanic origin)
_____ (2) Black or African-American (not Hispanic origin)
_____ (3) Hispanic (Mexican or other Hispanic origin)
_____ (4) American Indian, Alaskan Native, or Native American Tribe ____________________
_____ (4A) Part American Indian, Alaskan Native, or Native American Tribe ____________________
_____ (5) Asian or Pacífic Islander

PERSON TO CALL IN EMERGENCY
(Other than Parent)
Name ____________________
Relationship ________________
Phone ________________

Has the student ever been in a Special Education Program?
Yes ❑ No ❑ If, so, when? _______________, where? ________________ type of program _________________

Has the student ever attended a Tucson Unified School District school before? ________ Yes ________No

Name of School ______________________________ Grade ________

Last School Attended ______________________________

Address ____________________ City ____________________ State ________ Zip Code ________

Has the student ever attended a public, private or charter school in Arizona? _____Yes _____No

Name & Address ______________________________ City ____________ State ________ Zip Code _____

FAMILY INFORMATION	**Living** Yes	No	**Occupation**	**Where Employed**	**Home, Work and Cell Phone, Email Address**
Name of Father					
Name of Mother					
Stepparent					
Legal Guardian					

Is there a non-custodial parent? _____ Yes _____ No Student Living with: ____________________ Number of Children in Family _________

Does this child live in a foster or a group home? _____Yes _____ No

BROTHERS	**DATE OF BIRTH**	**SISTERS**	**DATE OF BIRTH**

1. What was the first language the student learned to speak? ______________________________
2. What is the language most often spoken by the student? ______________________________
3. What is the language most often spoken in the home regardless of what the student speaks? ______________________________
4. Do you need an interpreter? ______ If "yes," what language do you need for **written**_____________ and for **spoken** ________________ communications with TUSD?

Signature of Parent/Guardian ______________________________ **Date** ______________________

* *

FOR OFFICE USE ONLY Matric # _____________ SAIS ID# ____________

Student's Enrollment Date ___________ Entry Code ________ Date Entered into Mojave___________ Entered into Mojave by _______________

Verification of Birthdate ______________________________Verified by ____________________ ______Birth Certificate _____ Baptismal _____ Other

Immunization Documentation ______________________ Neighborhood School ____ Yes ____ No

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Revised 2/07