

2018/2019

Presidio School

Grades 1-12

Student Registration – Continuation Form

TO BE COMPLETED BY PRESIDIO SCHOOL

Registration Form Complete: Initials of Recipient

Date:

Student Information

Current Group/Grade Level:

Last Name First Name Middle Initial

Street Address City State Zip Code

Preferred Phone # Type Secondary # Type

Does the student have a medical condition? (If yes, please explain)

Does the student take prescription medicine? (If yes, please explain)

Financial & McKinney Act Eligibility This information is utilized by the Arizona and U.S. Departments of Education to ascertain if Presidio High School is eligible for additional funding for student services.

Total number of people in student's household/family Total annual income for household \$

If the student or the student's family is receiving any of the following, please check all that apply.

General Assistance Food Stamps SSI/SSD AFDC

Presently, where is the student living? Please check one box:

- in a Shelter with more than one family in a house or apartment (other family rents or owns the property) in a motel, car or campsite with friends or family members other than parent/guardian none of the previous statements apply to this student

Guardian Information

With whom does the student currently live? (mother, father, step parent, relative, friend, group home, self, etc.)

Parent/Guardian information:

First Name Last Name Relationship

Street Address City State Zip Code

Home phone # Work phone # Ext. Cell #

Email:

First Name Last Name Relationship

Street Address City State Zip Code

Home phone # Work phone # Ext. Cell #

Email:

Emergency Contact Information (other than parent/guardian)

First Name _____ Last Name _____ Relationship _____

Home phone # _____ Work phone # _____ Ext. _____ Pager # _____

Failure to provide the following information will be viewed as falsification of enrollment documents

Student's Case Manager (if applicable) _____ Phone _____

Parent/Guardian Signature

Date