

**TO BE COMPLETED BY PRESIDIO SCHOOL**

**Registration Form Complete: Initials of Recipient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Current Group/Grade Level:** \_\_\_\_\_

**Student Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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.) \_\_\_\_\_

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: \_\_\_\_\_

**\*\* In addition to this form, if you need to update the emergency contact information or your permanent address, please see either front office for the form to fill out. \*\***

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

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

\_\_\_\_\_  
**Date**

Student's Case Manager (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_