

2020/2021

Presidio School Grades 1-12
Student Registration – Continuation Form

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 the 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 emergency contact information or your permanent address, please see either front office for the required form**

Parent/Guardian Signature

Date

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

Student's Case Manager (if applicable) Phone