



PAULDEN COMMUNITY SCHOOL
 24850 Naples Street
 PO Box 940
 Paulden, Arizona 86334
 Phone (928) 636-1430 / Fax (928) 636-3087

SY 2018/19

PLEASE CHECK THE GRADE LEVEL FOR WHICH YOU ARE APPLYING:
 KG 01 02 03 04 05 06 07 08

STUDENT ENROLLMENT APPLICATION

STUDENT INFORMATION	STUDENT'S LAST NAME:	FIRST NAME:	MIDDLE NAME:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	PHYSICAL ADDRESS:		CITY:	STATE:	ZIP CODE:
	MAILING ADDRESS IF DIFFERENT FROM ABOVE:		CITY:	STATE:	ZIP CODE:
	STUDENT'S BIRTHDATE:	BIRTHPLACE (CITY & STATE):	ARE THERE ANY CUSTODY ISSUES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES – PROVIDE COURT DOCUMENTS TO OFFICE		PHONE (REQUIRED): <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
	NAME OF LAST SCHOOL ATTENDED:	ADDRESS OF LAST SCHOOL ATTENDED:			
NOTE: THIS INFORMATION IS REQUIRED BY THE U.S. DEPARTMENT OF EDUCATION					
ETHNICITY: (CHECK ONLY ONE) <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NOT HISPANIC/LATINO			RACE: (CHECK ONE OR MORE, REGARDLESS OF ETHNICITY) <input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE		

PARENT/GUARDIAN INFORMATION	CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	RELATIONSHIP TO STUDENT: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
	ADDRESS: <input type="checkbox"/> SAME AS STUDENT	PREFERRED EMAIL ADDRESS		
	CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	RELATIONSHIP TO STUDENT: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
	ADDRESS: <input type="checkbox"/> SAME AS STUDENT	PREFERRED EMAIL ADDRESS		
	CONTACT THIS PERSON <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	RELATIONSHIP TO STUDENT: (CHECK ONE) <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
	NAME:	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	
	ADDRESS: <input type="checkbox"/> SAME AS STUDENT	PREFERRED EMAIL ADDRESS		

EMERGENCY	LOCAL FRIEND OR RELATIVE (CONTACT 1ST)	RELATIONSHIP TO STUDENT	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
	LOCAL FRIEND OR RELATIVE (CONTACT 2ND)	RELATIONSHIP TO STUDENT	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
	LOCAL FRIEND OR RELATIVE (CONTACT 3RD)	RELATIONSHIP TO STUDENT	PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	ALTERNATE PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
	PHYSICIAN:		PHONE:	HOSPITAL PREFERENCE:

I affirm all enrollment and emergency information on this form is accurate and I have read and understand the information provided to me regarding student health conditions, Opt-Out options, and attendance (see page 2).

I (the parent/guardian) affirm that I am an Arizona resident: YES NO

Signature
Parent/Guardian _____

Date _____

OFFICE USE ONLY	ENROLLMENT DATE:	ENROLLMENT CODE:	DATE ENTERED IN SIS:	INITIALS
	RECORDS REQUEST SENT TO:	DATE 1ST REQUEST SENT	DATE 2ND REQUEST SENT	DATE 3RD REQUEST SENT