

Triumphant Learning Center: **REGISTRATION & EMERGENCY INFORMATION**

*This form must be completed to be added to the 2024-2025 waiting list

School Year:	*Student's Last Name:	*First Name:	Middle Initial:
Expected Grade for 24/25	*Birthdate	Birthplace (City, State):	Sex:
Address: City: State: Zip Code:			I (the parent/guardian) affirm that I am an Arizona Resident: <input type="radio"/> Yes <input type="radio"/> No
Mailing Address (if different than above): City: State: Zip Code:			Home Phone: <input type="radio"/> Check if unlisted
Name and Phone number of Last School Attended:			Custody Issues: <input type="radio"/> Yes <input type="radio"/> No IF YES - PLEASE PROVIDE COURT DOCUMENTS TO SCHOOL OFFICE
<p>OPTIONAL: This information is intended to provide continuity of services and is NOT required for enrollment.</p> <p>Has this student ever received special education services? <input type="radio"/> Yes <input type="radio"/> No If yes, is there a current IEP for this student? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Has this student ever received any of the following services <input type="radio"/> ELL/ESL <input type="radio"/> Gifted/ELP <input type="radio"/> 504 Plan <input type="radio"/> Title I</p> <p>Has this student ever been held back or has it ever been suggested that this student be held back? <input type="radio"/> Yes <input type="radio"/> No If yes, please describe:</p>			
<p>OPTIONAL: Not required for enrollment</p> <p>Ethnicity: (check one) <input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino</p> <p>Race (check one or more, regardless of ethnicity)</p> <p><input type="radio"/> White</p> <p><input type="radio"/> American Indian/Alaskan Native</p> <p><input type="radio"/> Black/African American</p> <p><input type="radio"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="radio"/> Asian</p>		<p>What is the primary language spoken in the home regardless of the language spoken by the student? _____</p> <p>What is the language most often spoken by the student? _____</p> <p>What is the language that the student first acquired? _____</p>	

*Parent/ Guardian Primary Residence <input type="radio"/> Yes <input type="radio"/> No	Gender: <input type="radio"/> Male <input type="radio"/> Female	Relationship (check one): <input type="radio"/> Parent <input type="radio"/> Step Parent <input type="radio"/> Grandparent <input type="radio"/> Foster Parent <input type="radio"/> Guardian <input type="radio"/> Other:		
	Name:	Cell Phone <input type="radio"/> Primary Contact	Send text message <input type="radio"/> Yes <input type="radio"/> No	Home Phone <input type="radio"/> Primary Contact
	Employer:	Work Phone <input type="radio"/> Primary Contact	Email:	Contact this person <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd
Parent/ Guardian Primary Residence <input type="radio"/> Yes <input type="radio"/> No	Gender: <input type="radio"/> Male <input type="radio"/> Female	Relationship (check one): <input type="radio"/> Parent <input type="radio"/> Step Parent <input type="radio"/> Grandparent <input type="radio"/> Foster Parent <input type="radio"/> Guardian <input type="radio"/> Other:		
	Name:	Cell Phone <input type="radio"/> Primary Contact	Send text message <input type="radio"/> Yes <input type="radio"/> No	Home Phone <input type="radio"/> Primary Contact
	Employer:	Work Phone <input type="radio"/> Primary Contact	Email:	Contact this person <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd
Parent/ Guardian Primary Residence <input type="radio"/> Yes <input type="radio"/> No	Gender: <input type="radio"/> Male <input type="radio"/> Female	Relationship (check one): <input type="radio"/> Parent <input type="radio"/> Step Parent <input type="radio"/> Grandparent <input type="radio"/> Foster Parent <input type="radio"/> Guardian <input type="radio"/> Other:		
	Name:	Cell Phone <input type="radio"/> Primary Contact	Send text message <input type="radio"/> Yes <input type="radio"/> No	Home Phone <input type="radio"/> Primary Contact
	Employer:	Work Phone <input type="radio"/> Primary Contact	Email:	Contact this person <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd

EMERGENCY OR STUDENT BEING SENT HOME

*If my child needs to be sent home and I am unavailable, I authorize the following persons to take temporary responsibility for my child.

Name of Local Friend or Relative	Relationship:	Home Phone:	Work Phone:	Cell phone:
Physician:			Phone:	

<p style="text-align: center;"><u>STUDENT HEALTH CONDITIONS</u></p> <p><input type="radio"/>Heart <input type="radio"/>Asthma <input type="radio"/>Diabetes <input type="radio"/>Hearing <input type="radio"/>Allergies</p> <ul style="list-style-type: none"> • Specify health problems or any severe allergies: <p>_____</p> <p>_____</p> <p>_____</p> <ul style="list-style-type: none"> • Is your child on daily medication? <input type="radio"/>Yes <input type="radio"/>No • Do you authorize the office to give your child Antacids, Cough Drops, Eye Wash, Tylenol or Treat Minor Cuts/ Abrasions? <input type="radio"/>Yes <input type="radio"/>No 	<ul style="list-style-type: none"> • I understand that Triumphant Learning Center does not provide accident or medical/dental coverage for students for illnesses/injuries occurring at school. • I understand that I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury. • I understand that if my child needs medication or other health services at school, I must make arrangements with the school office. • I understand that it is my responsibility to notify the school in writing of any changes to the above information. • I understand that it is my responsibility to notify the school if my child needs to leave school during the day for appointments or other circumstances.
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I affirm all Registration & Emergency Information on this form is accurate and I have read and understand the information provided to me regarding Student Health Conditions.

Signature Parent/Guardian _____ Date _____

OFFICE USE ONLY	Perm ID#:	Entry Date:
State ID:	Proof of Residency <input type="radio"/> Immunizations <input type="radio"/> Birth Verification <input type="radio"/> Affidavit <input type="radio"/>	

<p>Military Student Identifier</p> <p>More than 90% of school-age military-connected students in kindergarten through grade twelve are in public schools. For the first time in the history of our Nation, the military-connected student is recognized in education policy.</p> <p>The Every Student Succeeds Act (ESSA) includes a requirement that districts identify any military-connected children enrolled in their schools.</p> <p>Military-connected children are defined as those with a parent or guardian who is a member of the Armed Forces on active duty. Please indicate below if your child has a parent/guardian who is on active full-time military duty in the Army, Navy, AirForce, Marine Corp, or Coast Guard including full-time National Guard or Reserve duty.</p> <p>Child's Name: _____ Grade: _____</p> <p>Parent/Guardian Signature: _____ Date: _____</p> <p style="text-align: center;"><input type="checkbox"/> Yes, my child has a parent/guardian on active full-time duty.</p>

***Pursuant to A.R.S 15-184(A) The only information that is required on this form is the students first name, last name, date of birth and the parent contact information.**