

Triumphant Learning Center: REQUIRED REGISTRATION & EMERGENCY INFORMATION

*This form must be completed to be added to the 2023-2024 waiting list

School Year:	Student's Last Name:	First Name:	Middle Initial:
Expected Grade for 23/24	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
OPTIONAL: This information is intended to provide continuity of services and is NOT required for enrollment. 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 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 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:			
OPTIONAL: Not required for enrollment Ethnicity: (check one) <input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino Race (check one or more, regardless of ethnicity) <input type="radio"/> White <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Asian		What is the primary language spoken in the home regardless of the language spoken by the student? _____ What is the language most often spoken by the student? _____ What is the language that the student first acquired? _____	

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 custody of responsibility for my child.

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

STUDENT HEALTH CONDITIONS	
<p><input type="checkbox"/>Heart <input type="checkbox"/>Asthma <input type="checkbox"/>Diabetes <input type="checkbox"/>Hearing <input type="checkbox"/>Allergies</p> <ul style="list-style-type: none"> Specify health problems or any severe allergies: <hr/> <hr/> <hr/> <ul style="list-style-type: none"> Is your child on daily medication? <input type="checkbox"/>Yes <input type="checkbox"/>No Do you authorize the office to give your child Antacids, Cough Drops, Eye Wash, Tylenol or Treat Minor Cuts/ Abrasions? <input type="checkbox"/>Yes <input type="checkbox"/>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.

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="checkbox"/> Immunizations <input type="checkbox"/> Birth Verification <input type="checkbox"/> Affidavit <input type="checkbox"/>	