

PAULDEN COMMUNITY SCHOOL
 24850 Naples Street
 PO Box 940
 Paulden, Arizona 86334
 Phone (928) 910-4425 | Fax (928) 636-3087



SY 2024/25

Please check the box of the grade level for which you are applying:

KG 01 02 03 04 05 06 07 08

NEW STUDENT ENROLLMENT APPLICATION

STUDENT INFORMATION

STUDENT'S LAST NAME	STUDENT'S FIRST NAME	STUDENT'S MIDDLE NAME	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PHYSICAL STREET ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS IF DIFFERENT FROM ABOVE		CITY	STATE	ZIP CODE
STUDENT'S BIRTHDATE	BIRTHPLACE: CITY/STATE (OPTIONAL)	ARE THERE ANY CUSTODY ISSUES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES – PROVIDE COURT DOCUMENTS TO THE OFFICE		
NAME OF LAST SCHOOL ATTENDED		DISTRICT OR CITY/STATE OF LAST SCHOOL ATTENDED		
PRIMARY PHONE NUMBER (CHECK ONE): <input type="checkbox"/> MOBILE/CELLULAR <input type="checkbox"/> HOME <input type="checkbox"/> WORK		SECONDARY PHONE NUMBER		

PARENT / LEGAL GUARDIAN INFORMATION

MOTHER'S LAST NAME	MOTHER'S FIRST NAME	PHONE NUMBER	EMAIL
FATHER'S LAST NAME	FATHER'S FIRST NAME	PHONE NUMBER	EMAIL
GUARDIAN'S LAST NAME	GUARDIAN'S FIRST NAME	PHONE NUMBER	EMAIL
GUARDIAN'S RELATIONSHIP TO THE STUDENT:			

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT'S FIRST & LAST NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER
EMERGENCY CONTACT'S FIRST & LAST NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER

EMERGENCY MEDICAL CONTACT INFORMATION

PHYSICIAN'S NAME	PHONE NUMBER	HOSPITAL PREFERENCE

MILITARY STUDENT IDENTIFIER (MSI) DATA COLLECTION SURVEY

This form is required by the Arizona Department of Education. Please fill out the following form, sign, and return to the school.

- Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps or Coast Guard on Active Duty.
- Student is a dependent of a member of the Arizona National Guard (Army, Air Guard, or State Guard).
- Student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps or Coast Guard).
- None of the above.

PARENT/LEGAL GUARDIAN'S SIGNATURE

PARENT OR LEGAL GUARDIAN'S SIGNATURE	DATE

Within 30 days of enrollment, please submit one of the following: (1) A certified copy of the pupil's birth certificate; (2) Other reliable proof of the pupil's identity and age, including the pupil's baptismal certificate, an application for a social security number or original school registration records and an affidavit explaining the inability to provide a copy of the birth certificate; or (3) A letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of the agency as prescribed by law.

OFFICE USE ONLY

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