

*Southgate Academy* 2018/19  
*Registration Check List*

Date: \_\_\_\_\_

Student Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Grade (for 2018/19 school year) \_\_\_\_\_

**For Official Use Only:**

- 1. Registration Form (**All Students**)
- 2. Emergency Form (**All Students**)
- 3. Migrant/Homeless (**All Students**)
- 4. Attendance Policy (**All Students**)
- 5. Handbook (**All Students**)
- 6. Media/Photo Form (**All Students**)
- 7. Arizona Residency Form & Proof (**All Students**) – **required every year**
- 8. Immunization Record Form (**All Students**)
- 9. Legal Guardianship/Custody Papers (**All Students if applicable**)

(Office Comments): \_\_\_\_\_  
\_\_\_\_\_

# Southgate Academy Re-Enrollment Form

School Year 2018/19

E \_\_\_\_\_ E Date \_\_\_\_\_  
W \_\_\_\_\_ W Date \_\_\_\_\_  
SAIS # \_\_\_\_\_  
School ID \_\_\_\_\_  
R \_\_\_\_\_ R Date \_\_\_\_\_

Date: \_\_\_\_\_ GRADE: \_\_\_\_\_ (2018/19)

Student First Name \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_  
\*Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\*Mailing Address(if different from above) \_\_\_\_\_ Zip \_\_\_\_\_

Student Home Phone \_\_\_\_\_  
Student Date of Birth: MO \_\_\_\_\_ /DA \_\_\_\_\_ /YR \_\_\_\_\_ Social Security # \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Ethnic Choice: (1)White \_\_\_\_\_ (2)Black/African American \_\_\_\_\_ (3) Hispanic/Latino \_\_\_\_\_  
(4)American Indian/Alaska Native \_\_\_\_\_ (5)Asian/Pacific Islander \_\_\_\_\_

\*Native American Indians: Tribe \_\_\_\_\_  
Tribal Enrollment # \_\_\_\_\_  
Agency \_\_\_\_\_ Degree Indian Blood \_\_\_\_\_

Mother first name \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_  
Address (If different from student) \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Primary Email \_\_\_\_\_

Father first name \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_  
Address (If different from student) \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Primary Email \_\_\_\_\_

\*Is there a non-custodial parent? \_\_\_\_\_ Yes \_\_\_\_\_ No Student living with: \_\_\_\_\_ Number of children in family? \_\_\_\_\_  
\*Is non-custodial parent contact allowed? \_\_\_\_\_ Yes \_\_\_\_\_ No /Is non-custodial parent allowed to pick up student? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\*Is this a single parent home? \_\_\_\_\_ Yes \_\_\_\_\_ No Does this child live in a foster or group home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Legal Guardian: First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Do you have Legal Guardianship Documentation: \_\_\_\_\_ Yes (\*Must provide to school) \_\_\_\_\_ No  
Relationship to student \_\_\_\_\_ Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
\*Is Biological parent contact allowed \_\_\_\_\_ Yes \_\_\_\_\_ No / Is biological parent allowed to pick up student \_\_\_\_\_ Yes \_\_\_\_\_ No

1. What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_
2. What is the language most often spoken by the student? \_\_\_\_\_
3. What is the language that the student first acquired? \_\_\_\_\_

Last School Attended: \_\_\_\_\_ District \_\_\_\_\_ Is this a Charter School \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*\*\*\*\*  
Entered on School Master by: \_\_\_\_\_ Date \_\_\_\_\_ Code \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_ Code \_\_\_\_\_

# Student Emergency Information

(Year 2018/19)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Mother Name \_\_\_\_\_ Day phone \_\_\_\_\_

Father Name \_\_\_\_\_ Day phone \_\_\_\_\_

Medical Care Provider \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

*\*\*In the event of serious illness or injury, I give consent for my child to be transported to our doctor's office, or closest emergency care facility by school personnel or ambulance, where emergency care will be provided until I can be contacted.*

\_\_\_\_\_  
(Parent/Guardian Signature) Date \_\_\_\_\_

List Allergies: \_\_\_\_\_

Please Explain The Following If It Applies:

Current Health Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Physical Disabilities or Permanent Illness: \_\_\_\_\_

Serious Injuries or Accidents: \_\_\_\_\_

Operations: \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_ Contacts? \_\_\_\_\_

Does your child have a hearing problem? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

## **EMERGENCY CONTACT: Person's Allowed To Transport/Pick Up Student:**

In case of emergency, our procedure will be to contact you first. If we are unable to reach you, the seriousness of the emergency will indicate the following action:

1. The person you designate on this list may be asked to care for your child.
2. List in contact priority order. This list will also indicate who can pick your child up after school.

Name: First, Last	Relationship to Child	Phone/Cell
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Read the definitions below for migrant and homeless and check in the appropriate area if you fall into one, or both of the categories. **Please mark no** if this does not apply to you.

### MIGRANT

*Your parents are employed as seasonal or temporary workers in agriculture.*

\_\_\_\_\_ *Yes*, my parents are employed as seasonal or temporary workers in agriculture.

\_\_\_\_\_ *No*, my parents are not migrant workers.

### HOMELESS

*Students are considered homeless if they are:*

- A. Living with a friend, relative or someone else because they lost their home or cannot afford A home.
- B. Staying in a motel or hotel.
- C. Living in an emergency or transitional shelter or domestic violence shelter.
- D. Staying in substandard housing.
- E. Living in a car, park, public place, abandoned building or bus or train terminal.
- F. Awaiting foster care placement.
- G. Living in a campground or inadequate trailer home.
- H. Abandoned in a hospital.
- I. Living in a runaway or homeless youth shelter.

\_\_\_\_\_ *Yes*, I can be considered homeless because letter A B C D E F G H I from above applies to me (circle the letter that applies to you)

\_\_\_\_\_ *No*, I am not homeless

**Name of Student:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **School Year 18/19**

\_\_\_\_\_  
**Signature of Parent/ Student**

\_\_\_\_\_  
**Date**

# Southgate Academy (2018/19)

## \*Important Attendance Policies

◆ If your child arrives to school late, they must stop at the front desk to sign in and receive a tardy slip.

◆ If your child is going to be absent, please call the Attendance Office as soon as possible to report the absence and the reason the student is out.

◆ All notes upon review, and Doctor excuses must be turned in within the first 24 hours of the student returning for it to be excused.

◆ All students who need to leave school during school hours must be signed out in the office by parent/guardian or person(s) indicated on Emergency pick up list. Students may not sign themselves out.

◆ Notify the Registration Office of any phone, address or emergency contact changes.

◆ See **Student Handbook** for all attendance policies.

**\*\*I have read the above policies. I understand that I am responsible for my child's attendance while at Southgate Academy.**

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**Parent Signature**

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**Date**

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**Students Name**

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**Grade**

## **Statement of Agreement**

By signing below, the student named on this page has received and read the Southgate Academy Student Handbook for the 2018/19 school year. As the parent/guardian of the student named below, we are aware of the provisions of the Family Education Privacy Act (FERPA). We are aware that we must notify the registrar within two weeks of the student's enrollment if we do not want the school to release "directory information."

## **Electronic Information Agreement**

As the parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is possible for the School to restrict access to all controversial materials, and I will not hold the School responsible for materials acquired by the use of electronic information services (EIS). I also agree to report any misuse of the EIS to a School administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, inappropriate language, or other issues described in the agreement.) I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the electronic information services.

Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Southgate Academy

Dear Parent/Guardian,

During this school year, the staff of Southgate Academy Charter School and media representatives may want to interview, photograph or videotape your child for use as a teacher teaching tool and recruitment, in publications, television reports, public presentations, websites and other uses. The photographs may be of groups of students or of individuals, and the students' first name may be used. For the students' protection, their last name or other personal information will not appear on the school's or District's websites without additional permission.

Please complete the section below and return the form to the school office.

Thank you for your cooperation in helping us highlight the good work and efforts of our learners and instructors.

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**Please check one:**

I give permission for my child to be photographed, interviewed and displayed. I also give my permission to have my child's first name used if desired or necessary. (Only first names will be used if a photograph of that student is displayed on the webpage.)

I give permission for my child to be photographed, interviewed and displayed, but **do not** want my child's name used.

**I do not** want my child photographed or interviewed and **do not** want his or her name used.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Homeroom Teacher/Grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date

Please note: Regardless of what option you select, your student **will still be in** the school's yearbook. The yearbook is sold to our school community to raise money for our school. If you do not want your student being included in the yearbook, please declare it here:

**“NO QUIERO MI ESTUDIANTE EN EL ANUARIO”** X \_\_\_\_\_



**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest\* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- \_\_\_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_\_\_ Real estate deed or mortgage documents
- \_\_\_\_\_ Property tax bill
- \_\_\_\_\_ Residential lease or rental agreement
- \_\_\_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_\_\_ Bank or credit card statement
- \_\_\_\_\_ W-2 wage statement
- \_\_\_\_\_ Payroll stub
- \_\_\_\_\_ Certificate of tribal enrollment or other identification issued by a recognized Indian tribe that contains an Arizona address.
- \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
  
- \_\_\_\_\_ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes.



**18/19 - Request / Release Of Medical Records To:  
SOUTHGATE ACADEMY**

***Requested From:***

**Doctor / Agency Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

I, \_\_\_\_\_ **the Parent/Guardian of:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ **Grade** \_\_\_\_\_ authorize the transfer of the following records. I am aware that the following information will be used to assist my child and that it will be treated with confidentiality.

**IMMUNIZATION RECORDS**

*The authorization to release records is valid for one year from the date signed.*

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Representative of School \_\_\_\_\_ Date \_\_\_\_\_

*\*Please return form along with records to:*

**Southgate Academy:  
District Office  
7842 E. Wrightstown Rd.  
Tucson, AZ 85715-4339**

**Phone: (520) 741-7900  
Fax: (520) 741-7901**