

Office Use Only:

Entry Date _____

Grade Level _____

Student ID # _____

☐ Birth Certificate or Legal Document w/student identity☐ Immunization records or Exemption☐ Health / Physical records☐ Withdrawal / Graduation Date: _____**Masada Student Registration and Information**

Last Name _____ First _____ Middle _____

Date of Birth _____ Birth City _____ State _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Last School Attended _____ Last Grade Attended _____

Parent/Guardian Information

Last

First

Middle

Lives with

Business

Phone

Father

Mother

Guardian

*(If there is a Divorce or a Legal Separation, please provide custody papers)

#1 Emergency contact _____ Phone # _____

#2 Emergency contact _____ Phone # _____

Father's Email: _____ Mother's Email: _____

Home Language Survey

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? _____

Race/Ethnic Background (Optional)☐ American Indian☐ Black☐ Hispanic☐ Caucasian (white)**I desire a conference to discuss my student's special needs. Yes ☐ No ☐****I have health concerns for my student. ☐ Yes ☐ No, explain: _____****Family Physician _____ Phone # _____****Military Student Identifier**

- ☐ Student is a dependent of a member of the Army, Navy, Air Force, Marine Corps or Coast Guard
- ☐ Student is a dependent of a member of the Arizona National Guard
- ☐ Student is a dependent of a member of a reserve force in the US military on Active Duty
- ☐ None of the above

I attest that the above information is correct, and that my child does reside at the address listed above.

Signature of Parent/Legal Guardian _____ Date _____

Masada is an equal opportunity provider

Revise: 1/30/25