

Office Use Only:	<input type="checkbox"/> Birth Certificate or Legal Document w/student identity
Entry Date _____	<input type="checkbox"/> Immunization records or Exemption
Grade Level _____	<input type="checkbox"/> Health / Physical records
Student ID # _____	<input type="checkbox"/> 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 _____