



Registration Center

3200 W Cholla St
Phoenix, Arizona 85029

Phone: **602-896-6950**

Hours of Operation

Monday, Tuesday, Thursday, Friday
7: 15 a.m. – 5:00 p.m.

Wednesday

7:15 a.m. – 11:30 a.m.

1:30 p.m. – 5:00 p.m.

(Closed 11:30 a.m. – 1:30 p.m.)

Registration Checklist

WE CANNOT KEEP INCOMPLETE REGISTRATION PACKETS

Required items to bring

1. Student's original birth certificate
2. Student's current Immunization records
3. Proof of Residency
(See the Arizona Residency Documentation form for documents that will be accepted)
4. Parent/Guardian's Photo ID

Packet Forms

USE ONLY BLUE OR BLACK INK

1. PHLOTE Home Language Survey form – filled out, signed and dated
2. Student Information form – filled out, signed and dated
3. Parent & Emergency Contact Information form – filled out, signed and dated
4. Arizona Residency Documentation form – filled out, signed and dated (with Registering student's name on it)
5. McKinney Vento Residency Survey form – filled out appropriately, signed and dated
6. Authorization to Release Student Records form – filled out, signed and dated
7. Student Health Information form – filled out, signed and dated

Possible additional items to bring

- Custody documents (if applicable)
- Approved Open Enrollment form



(SCHOOL)

Student Information

FOR OFFICE USE ONLY		Date entered into Synergy:
Synergy Student ID#		
Projected Entry Date/Code	/	
Actual Entry Date		

LEGAL NAME: _____ / _____ / _____
 (LAST) (FIRST) (MIDDLE)

GENDER: F M DATE OF BIRTH: _____ / _____ / _____ STATE OF BIRTH: _____
 (MONTH) (DAY) (YEAR)

GRADE PS KG 01 02 03 04 05 06 07 08 COUNTRY OF BIRTH: USA Other _____

ENTRY DATE TO USA: _____
 (IF COUNTRY OF BIRTH IS OTHER THAN USA)

(IF DIFFERENT THAN LEGAL NAME) NAME STUDENT GOES BY: _____ / _____
 (LAST) (FIRST)

RACE – CHOOSE AT LEAST ONE

Black
 White
 Asian
 American Indian or Alaskan Native
 Native Hawaiian or Pacific Islander

ETHNICITY – SELECT A RESPONSE

Hispanic/Latino? NO YES

Does your family claim any American Indian tribal affiliation? NO YES
 (IF YES, PLEASE COMPLETE A 506 FORM)

FOR OFFICE USE ONLY – 506

Sent Home In Synergy
 No Number

Last School Attended: _____ State: _____ Grade Level Attended: _____
 The last school attended was: Public Charter Indian Reservation School Private Parochial Home Schooled

Has the student ever attended any school in Arizona? NO YES

Has the student ever attended a Washington School District school? NO YES School _____ Grade(s) _____

HAS THE STUDENT EVER:	FOR OFFICE USE ONLY - SPED
Received Special Education services? <input type="checkbox"/> NO <input type="checkbox"/> YES explain: _____	<input type="checkbox"/> No Docs <input type="checkbox"/> Docs
Received Gifted services? <input type="checkbox"/> NO <input type="checkbox"/> YES explain: _____	<input type="checkbox"/> Saved
Received ELL or Bilingual services? <input type="checkbox"/> NO <input type="checkbox"/> YES explain: _____	<input type="checkbox"/> WESD SpEd Docs in Synergy
Been or in the process of being expelled or long-term suspended? <input type="checkbox"/> NO <input type="checkbox"/> YES explain: _____	<input type="checkbox"/> Resource <input type="checkbox"/> Self-Contained

LIST THE NAMES OF ALL BROTHERS AND SISTERS OF THIS STUDENT FROM PRESCHOOL THROUGH GRADE 8:

Name	Grade	School	Lives with enrolling child
1. _____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
2. _____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
3. _____	_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES

Court Ordered Custody Information (Documentation Required)	FOR OFFICE USE ONLY
Custody of Student: <input type="checkbox"/> Joint <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> DCS	<input type="checkbox"/> No Docs <input type="checkbox"/> CSU Trifold Given
<input type="checkbox"/> Other _____	<input type="checkbox"/> Legal Docs (Court, Notice to Provider)
	<input type="checkbox"/> Unofficial Docs <input type="checkbox"/> CSU Trifold Given
	<input type="checkbox"/> N/A

The District honors all current court orders or decrees pertaining to custody situations. **It is the responsibility of adults having custody of a student to submit to the school a current certified copy of the effective court order or decree.**

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT INFORMATION & ADDITIONAL EMERGENCY CONTACTS



STUDENT(S) PRIMARY ADDRESS - Address where the student(s) live(s) on most school days:

Home Address: _____ Apt. _____ City: _____ Zip Code: _____

Mailing Address: _____ / _____ / _____
 (IF DIFFERENT THAN HOME ADDRESS) CITY / STATE ZIP CODE

PARENT/GUARDIAN - Landline, cell phone numbers and email addresses will be used for automated messages regarding attendance and notifications from the school or district.

1)	Relationship to student <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Lives with enrolling child: <input type="checkbox"/> NO <input type="checkbox"/> YES	
Last Name: _____		First Name: _____		
_____ / _____ / _____		ADDRESS - (IF DIFFERENT THAN STUDENT'S PRIMARY ADDRESS) CITY / STATE ZIP CODE		
Cell Phone: _____		Landline: _____		Email: _____
Military Service (Optional): CIRCLE ONE Active or Reserve		Service Start Date: _____		
2)	Relationship to student <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Lives with enrolling child: <input type="checkbox"/> NO <input type="checkbox"/> YES	
Last Name: _____		First Name: _____		
_____ / _____ / _____		ADDRESS - (IF DIFFERENT THAN STUDENT'S PRIMARY ADDRESS) CITY / STATE ZIP CODE		
Cell Phone: _____		Landline: _____		Email: _____
Military Service (Optional): CIRCLE ONE Active or Reserve		Service Start Date: _____		
3)	Relationship to student <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Lives with enrolling child: <input type="checkbox"/> NO <input type="checkbox"/> YES	
Last Name: _____		First Name: _____		
_____ / _____ / _____		ADDRESS - (IF DIFFERENT THAN STUDENT'S PRIMARY ADDRESS) CITY / STATE ZIP CODE		
Cell Phone: _____		Landline: _____		Email: _____
Military Service (Optional): CIRCLE ONE Active or Reserve		Service Start Date: _____		
4)	Relationship to student <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Lives with enrolling child: <input type="checkbox"/> NO <input type="checkbox"/> YES	
Last Name: _____		First Name: _____		
_____ / _____ / _____		ADDRESS - (IF DIFFERENT THAN STUDENT'S PRIMARY ADDRESS) CITY / STATE ZIP CODE		
Cell Phone: _____		Landline: _____		Email: _____
Military Service (Optional): CIRCLE ONE Active or Reserve		Service Start Date: _____		

DAY CARE PROVIDER - List the provider who can pick up your child after school:

Day Care Provider Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

ADDITIONAL EMERGENCY CONTACTS - List individuals other than Parent(s)/Guardian(s) who can pick up and temporarily provide care for your children in case of emergency:

1) Name: _____	Relationship to student: _____
Cell Phone: _____	Work Phone: _____ Landline: _____
2) Name: _____	Relationship to student: _____
Cell Phone: _____	Work Phone: _____ Landline: _____
3) Name: _____	Relationship to student: _____
Cell Phone: _____	Work Phone: _____ Landline: _____

IF NEEDED, PROVIDE ADDITIONAL CONTACTS TO THE SCHOOL OFFICE.

PARENT/GUARDIAN SIGNATURE: _____

Date: _____



ARIZONA RESIDENCY DOCUMENTATION FORM

Including enrolling student(s), list all school age siblings living at the address on the proof of residency document:

Enrolling student: _____ District: W.E.S.D. #6

Student: _____ District: W.E.S.D. #6

Student: _____ District: W.E.S.D. #6

Student: _____ District: W.E.S.D. #6

Parent/Legal Guardian _____
PRINT NAME

As the Parent/Legal Guardian of the Student(s), 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(s) reside(s)**:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Real estate deed or mortgage documents
- Property tax bill (*most recent*)
- Valid Residential lease or rental agreement (*signed by both landlord & tenant*)
- Water, electric, gas, cable, or phone bill (*most recent and using the service address*)
- Bank or credit card statement (*most recent*)
- W-2 wage statement (*most recent*)
- Payroll stub (*most recent*)
- Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe that contains an Arizona address.
- Documentation from state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security) – (*most recent*)
- Temporary on-base billeting facility (for military families)

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 and/or my child(ren) have established residence in Arizona with the person signing the affidavit.

X

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. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



McKinney-Vento Residency Survey

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11431 etseq. The McKinney-Vento Act protects students who are **lacking a fixed, regular or adequate nighttime residence** to have access to education and other services for which they are eligible. Eligibility must be reviewed and reevaluated every school year.

FOR OFFICE USE ONLY	
School:	_____
Perm ID#:	_____
State ID#:	_____
Grade:	_____
Start Date:	_____

Today's Date: _____

Student Name: _____ Gender: M or F DOB: _____

- 1. Is the student and/or family housing situation a temporary living arrangement? _____ Yes _____ No
- 2. Is this housing situation due to loss of housing, economic hardship or traumatic event? _____ Yes _____ No

CONTINUE ONLY IF YOU ANSWERED "YES" TO BOTH QUESTIONS.

Parent/Guardian

Name: _____ Phone Number(s): _____

Address/City & Zip: _____

Email: _____

Emergency Contact

Name: _____ Phone Number(s): _____

Where is the student or family currently living?

- Temporarily with another family because we cannot afford or find affordable housing**
Name and phone # of person you are living with: _____
- Homeless / Domestic Violence / Emergency or Transitional shelter**
Program name and phone #: _____
- Hotel or motel**
Hotel/Motel name and phone #: _____
- In a place not designed for ordinary sleeping accommodations (car, park, campsite, etc.)**
- Student is living with someone other than the legal parent/guardian.**
Name and phone # of person student is living with: _____

What is the expected length of stay at this address? _____

Do you have other children in Washington Elementary School District? Yes No

Please list name(s) and school(s): _____

What school did your child last attend? _____ In what district? _____

I declare that the information I have provided is true and correct and of my own knowledge.

SIGNATURE OF PARENT/GUARDIAN

DATE



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	Washington Elementary School District
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



Authorization to Release Student Records

AUTORIZACIÓN PARA COMPARTIR ARCHIVOS ESTUDIANTILES

Last School Attended: _____ Additional School: _____
ÚLTIMA ESCUELA DE ASISTENCIA ESCUELA ADICIONAL

School Address: _____
DIRECCIÓN DE ESCUELA

School City, State, Zip Code: _____
CIUDAD, ESTADO, CÓDIGO POSTAL DE ESCUELA

School Phone: _____ Fax: _____ District Name: _____
NÚMERO TELEFÓNICO DE ESCUELA NOMBRE DE DISTRITO

Student Name: _____ Date of Birth: _____ Grade: _____
NOMBRE DEL ESTUDIANTE FECHA DE NACIMIENTO GRADO

Student Name: _____ Date of Birth: _____ Grade: _____
NOMBRE DEL ESTUDIANTE FECHA DE NACIMIENTO GRADO

Student Name: _____ Date of Birth: _____ Grade: _____
NOMBRE DEL ESTUDIANTE FECHA DE NACIMIENTO GRADO

In accordance with Arizona Revised Statute 15-828, I authorize the release of all records, including birth certificate, academic, educational, medical (health), psychological, special education, social development, and gifted information to the Washington Elementary School District. Según 'Arizona Revised Statute 15-828', yo autorizo el compartir de todos los archivos, incluyendo el acta de nacimiento, información académica, educacional, médica (salud), psicológica, de educación especial, de desarrollo social, y de estudiantes dotados al Distrito Escolar Washington.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
FIRMA DEL PADRE/TUTOR FECHA

Please send academic file to:

PLEASE SEND COPIES ONLY

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Abraham Lincoln Traditional
10444 N 39th Ave
Phoenix AZ 85051
602-896-6300 fax 602-896-6320 | <input type="checkbox"/> Desert View Elementary
8621 N 3rd Street
Phoenix, AZ 85020
602-347-4000 fax 602-347-4020 | <input type="checkbox"/> Mountain Sky Junior High
16225 N 7th Avenue
Phoenix, AZ 85023
602-896-6100 fax 602-896-6120 | <input type="checkbox"/> Sahuaro Elementary
12835 N 33rd Avenue
Phoenix, Z 85029
602-896-6200 fax 602-896-6220 |
| <input type="checkbox"/> Acacia Elementary
3021 W Evans Drive
Phoenix, AZ 85053
602-896-5000 fax 602-896-5020 | <input type="checkbox"/> Ironwood Elementary
14850 N 39th Avenue
Phoenix, AZ 85053
602-896-5600 fax 602-896-5620 | <input type="checkbox"/> Mountain View
801 W. Peoria Avenue
Phoenix, AZ 85029
602-347-4100 fax 602-347-4120 | <input type="checkbox"/> Shaw Butte Elementary
12202 N 21st Avenue
Phoenix, AZ 85029
602-347-4200 fax 602-347-4220 |
| <input type="checkbox"/> Alta Vista Elementary
8710 N 31st Avenue
Phoenix, AZ 85051
602-347-2000 fax 602-347-2020 | <input type="checkbox"/> John Jacobs Elementary
14421 N 23rd Avenue
Phoenix, AZ 85023
602-896-5700 fax 602-896-5720 | <input type="checkbox"/> Ocotillo Elementary
3225 W Ocotillo
Phoenix, AZ 85017
602-347-2400 fax 602-347-2420 | <input type="checkbox"/> Sunburst Elementary
14218 N 47th Avenue
Glendale, AZ 85306
602-896-6400 fax 602-896-6420 |
| <input type="checkbox"/> Arroyo Elementary
4535 W Cholla Street
Glendale, AZ 85304
602-896-5100 fax 602-896-5120 | <input type="checkbox"/> Lakeview Elementary
3040 W Yucca
Phoenix, AZ 85029
602-896-5800 fax 602-896-5820 | <input type="checkbox"/> Orangewood
7337 N 19th Avenue
Phoenix, AZ 85021
602-347-2900 fax 602-347-2920 | <input type="checkbox"/> Sunnyslope
245 E. Mountain View Rd
Phoenix, AZ 85020
602-347-4300 fax 602-347-4320 |
| <input type="checkbox"/> Cactus Wren Elementary
9650 N 39th Avenue
Phoenix, AZ 85051
602-347-2100 fax 602-347-2120 | <input type="checkbox"/> Lookout Mountain Elementary
15 W Coral Gables
Phoenix, AZ 85023
602-896-5900 fax 602-896-5920 | <input type="checkbox"/> Palo Verde Middle School
7502 N 39th Avenue
Phoenix, AZ 85051
602-347-2500 fax 602-347-2520 | <input type="checkbox"/> Sunset Elementary
4626 W. Mountain View Rd
Glendale, AZ 85302
602-347-3300 fax 602-347-3320 |
| <input type="checkbox"/> Chaparral Elementary
3808 W Joan De Arc
Phoenix, AZ 85029
602-896-5300 fax 602-896-5320 | <input type="checkbox"/> Manzanita Elementary
8430 N 39th Avenue
Phoenix, AZ 85051
602-347-2200 fax 602-347-2220 | <input type="checkbox"/> R.E. Miller Elementary
2021 W Alice Avenue
Phoenix, AZ 85021
602-347-3000 fax 602-347-3020 | <input type="checkbox"/> Sweetwater
4602 W Sweetwater Avenue
Glendale, AZ 85304
602-896-6500 fax 602-896-6520 |
| <input type="checkbox"/> Cholla Middle School
3120 W Cholla Street
Phoenix, AZ 85029
602-896-5400 fax 602-896-5420 | <input type="checkbox"/> Maryland
6503 N 21st Avenue
Phoenix, AZ 85015
602-347-2300 fax 602-347-2320 | <input type="checkbox"/> Roadrunner Elementary
7702 N 39th Avenue
Phoenix, AZ 85051
602-347-3100 fax 602-347-3120 | <input type="checkbox"/> Tumbleweed Elementary
4001 W Laurel Lane
Phoenix, AZ 85029
602-896-6600 fax 602-896-6620 |
| <input type="checkbox"/> Desert Foothills Junior High
3333 W Banff Lane
Phoenix, AZ 85053
602-896-5500 fax 602-896-5520 | <input type="checkbox"/> Moon Mountain Elementary
13425 N 19th Avenue
Phoenix, AZ 85029
602-896-6000 fax 602-896-6020 | <input type="checkbox"/> Royal Palm Middle School
8520 N 19th Avenue
Phoenix, AZ 85021
602-347-3200 fax 602-347-3220 | <input type="checkbox"/> Washington Elementary
8033 N 27th Avenue
Phoenix, AZ 85051
602-347-3400 fax 602-347-3420 |

Please send Psychological/Special Education file to:

Phone: 602-347-2604
FAX: 602-347-2709

Washington Elementary School District #6
Special Services Department
4650 W Sweetwater Avenue
Glendale, AZ 85304



Student Health Information

FOR OFFICE USE ONLY	
Student ID# _____	
School: _____	
<input type="checkbox"/> Compliant immunization record in Synergy	
<input type="checkbox"/> Awaiting McKinney Vento eligibility	<input type="checkbox"/> Non-compliant immunization(s) CANNOT START SCHOOL UNTIL COMPLIANT

Legal Last Name: _____

First Name: _____ Middle Name: _____ Grade: _____

Does the student have medical insurance? NO YES

Name of Insurance Company: _____

Is the student presently taking medication? NO YES (Specify) _____

If yes, will medication need to be administered at school? NO YES
(If yes, see Health Office for procedures and forms.)

Does the student wear glasses? NO YES Does the student wear contact lenses? NO YES

Does the student require a special diet due to a life-threatening food allergy? NO YES
(If yes, see Health Office for procedures and forms.)

Does the student have a disability that requires a special diet? NO YES
(If yes, see Health Office for procedures and forms.)

Does the student have problems with hearing? NO YES If yes, does student use hearing aids? NO YES

Check conditions that apply to your child and explain below:

- | | |
|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Nose or Throat conditions |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision/Eye condition |
| <input type="checkbox"/> Chronic headaches | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Seizure/Convulsive disorders | <input type="checkbox"/> Kidney/Urinary tract condition |
| <input type="checkbox"/> Stomach/Digestive condition | <input type="checkbox"/> Hearing/Ear condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other, (specify) _____ |

Please explain conditions marked above: _____

Please list other medical/health conditions that might limit the student's activities at school.

In case of accident or illness, I request that the school contact me. If the school is unable to reach me, or any of the emergency contacts that I have provided, the school may make whatever arrangements are necessary. Depending on the situation, the parent/guardian of the student, not the school, may be responsible for expenses incurred.

PARENT/GUARDIAN SIGNATURE _____ DATE _____