



# Madison School District Pre-Registration Form

Enrollment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(mm) (dd) (yyyy)

School Year 20\_\_\_\_ / 20\_\_\_\_

## Student Information

Student Name: \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Open Enrollment:**  Yes  No **Grade Level:** \_\_\_\_ **Gender:**  Male  Female **Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*\*Children must be five (5) years of age prior to September 1 of the current school year for admission to kindergarten.*

## Parent/Guardian Information

*(Provide information for at least one Parent/Guardian)*

Mother/Guardian Name \_\_\_\_\_, \_\_\_\_\_  
(Last) (First)

Father/Guardian Name \_\_\_\_\_, \_\_\_\_\_  
(Last) (First)

Primary Contact Phone Number (\_\_\_\_\_) - \_\_\_\_\_  Mother/Guardian  Father/Guardian  
xxx xxx-xxxx

Primary Email Address \_\_\_\_\_  Mother/Guardian  Father/Guardian  
[email@domain.com](mailto:email@domain.com)

## Previous School Information

Does your child participate or been tested for any of the following programs?

IEP  504 Plan  ELL  Gifted

Has your child previously attended an Arizona?  Yes  No

Has your child been retained?  Yes  No

Is your child currently suspended from another school?  Yes  No

Last School Attended: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address, City & State \_\_\_\_\_

## Home Language

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Signature affirms the information above is accurate and complete.*

### Madison School District Enrollment Checklist

- Birth Certificate
- AZ Residency Form/Proof of Address
- Custody Paperwork
- Immunization Records
- Open Enrollment Form

- Records Request Form
- Withdrawal Form – Previous School data
- Yellow Emergency Card
- Home Language Survey
- 45 Day Screening form

### AzEDS Information

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_ FTE: \_\_\_\_\_

UID: \_\_\_\_\_ School Student Number: \_\_\_\_\_ Tuition Payer Code: 1 (*State Funded*)

Enrollment Type: Main Special Enrollment Code: None or Open Enrollment

Entry Date:	Entry Code:	PowerSchool Entry Date:	Enrolled By: <i>initials</i>
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Previous School State: \_\_\_\_\_ Previous School CTDS: \_\_\_\_\_

Withdrawal Date:	Exit Code:	PowerSchool Exit Date:	Withdrawn By: <i>initials</i>
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Records Reviewed By:

Date:	Name:	Reason: