



RETURNING STUDENT REGISTRATION APPLICATION

SCHOOL YEAR 2022/2023

Welcome back Panthers! Every year, we need to update your information. Please fill out the attached forms completely. They are all required for your child to be considered registered for the school year.

In an effort to review and process your student's registration application, the registration forms and the additional documents must be returned to the school office by the Parent or Guardian.

- COMPLETE **ALL PAGES** OF THE REGISTRATION FORM.
- YOU MUST ANSWER ALL QUESTIONS. Please fill out the contact information completely and sign all pages where a signature is required.
- ALL REGISTRATION MUST BE RETURNED TO EAST VALLEY HIGH SCHOOL BY A PARENT OR GUARDIAN. PLEASE RETURN THE REGISTRATION PACKET ALONG WITH THE FOLLOWING REQUIRED ITEMS. (Students cannot be enrolled until the following required documentation is completed and submitted.)

_____ Proof of Residency - Arizona Residency Documentation Form, with appropriate documentation. (Documents must contain the parents or legal guardian's full name and residential address or physical description of the property of where the student resides.) **Required.**

_____ ESEA Form **Required.**

_____ Student Housing Form **Required.**

*Copies of the above documents will be made and your originals will be returned to you immediately.



For school use only:

Grade applied for: _____ Date Starting _____

IEP _____ 504 _____ SSID # _____

Previous EVHS student _____ Credits Deficient _____

Cohort _____ PowerSchool ID# _____

Date entered SIS _____ registrar int. _____

HIGH SCHOOL RETURNING STUDENT DATA FORM

Student Information

Full Name: (Last, First, M.I) _____ **Birthdate:** _____

Address: (Street Address) _____ (Apt/Unit#) _____

(City) _____ (State) _____ (Zip code) _____

Student Phone Number: (Cell) _____ **Students Email:** _____

Gender: M ___ F ___

Parent/Guardian Information

Mother's Name: _____ **Home Phone:** _____

Address: _____ **Cell Phone:** _____

Email: _____ **Employer:** _____ **Work Phone:** _____

Relationship: Biological ___ Step ___ Foster ___ Grandparent ___ Foster ___ Guardian ___

Is the parent active or retired military? Yes ___ No ___

Student Currently Lives With: Parent ___ Guardian ___ Other ___ (explain) _____

Father's Name: _____ **Home Phone:** _____

Address: _____ **Cell Phone:** _____

Email: _____ **Employer:** _____ **Work Phone:** _____

Relationship: Biological ___ Step ___ Foster ___ Grandparent ___ Foster ___ Guardian ___

Student Currently Lives With: Parent ___ Guardian ___ Other ___ (explain) _____

Is the parent active or retired military? Yes ___ No ___

Emergency Information

Emergency Contact: _____ Phone: _____ Relationship _____

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*Please list only those authorized to pick up your student.

Please note: East Valley High School does not have a school nurse on campus.

Does this student have any medical, physical, or mental health conditions the school should be aware of? _____ Yes _____ No

If yes, please explain. _____

Does this student need to take any medications? _____ Yes _____ No

If yes, will these medications be taken during school hours? _____ Yes _____ No

Medication(s) _____

Is the student allergic to any medications? _____ Yes _____ No

Medication(s) _____

Is the student allergic to any foods? _____ Yes _____ No

Food(s) _____

*I authorize a school representative to dispense my student's prescription medication according to the instructions. If any student's medication changes, I will notify the school immediately. I understand students are not to keep their own prescription medications. I will notify the school in advance if my student requires an inhaler during school hours.

_____ Parent/Guardian Initials

*I authorize a school representative any emergency medical treatment that may become necessary while my student is in school in the event that I cannot be reached. Furthermore I realize that any expenses related to medical attention given are my responsibility. _____ Parent/Guardian Initials

I authorize for the East Valley High School Staff to dispense (Please check those that apply):

_____ Acetaminophen _____ Tylenol _____ Tums _____ Cough Drops

Parent/Guardian Signature: _____ Date: _____



Arizona Department of Education Arizona Residency Documentation Form

Student _____ School: EAST VALLEY HIGH SCHOOL

School District or Charter Holder: LEGACY EDUCATION GROUP

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.



State of Arizona Affidavit of Shared Residence

I swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me:

_____ Location of my residence:

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- 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. Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this ____ day of _____, 20____, By _____.

Notary Public

My Commission Expires: _____