



For Office Use  
Received:  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Office Initials: \_\_\_\_\_

# Registration Enrollment Packet

## STUDENT GENERAL INFORMATION

Student Name \_\_\_\_\_  
Last First M.I. Date of Birth

Student's Preferred Name \_\_\_\_\_

Tri-city College Prep (TCP) operates under a non-discriminatory policy, both for hiring of staff members and for acceptance of students to the school. TCP does not discriminate on the basis of ethnicity, race, color, national origin, gender, gender identification, disability, proficiency in the English language, or immigration status. The information below is for mandated State and Federal statistical reporting. TCP does not discriminate with respect to admissions, enrollment or employment. (Please check all that apply)

Ethnic Background: White \_\_\_ Black \_\_\_ Hispanic/Latino \_\_\_ American Indian/Alaska Native \_\_\_  
Asian-Pacific Islander \_\_\_ Other \_\_\_\_\_ Decline to answer \_\_\_

Is the student a dependent of a member of the United States military service in the Active Duty Army, Navy, Air Force, Marine Corps, or Coast Guard? Yes No Decline to answer

### Has this student ever:

- Been tested for learning disabilities, speech, physical or emotional disabilities? Yes No Decline to answer
- Required tutoring or other remedial instruction? Yes No Decline to answer
- Been enrolled in a Gifted Program? Yes No Decline to answer
- Needed Section 504 accommodations? Yes for \_\_\_\_\_ accommodation No Decline to answer
- Qualified for Special Education Services? Yes No Decline to answer
- Have a current IEP? YES at \_\_\_\_\_ school No Decline to answer

Please clarify any "Yes" answers: \_\_\_\_\_

Tri-city College Prep does not discriminate on the basis of race, color, national origin, gender, disability, or age in its programs and activities, including admission and enrollment. Tri-city College Prep abides by the procedures mandated by Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA) and will provide eligible students with disabilities a free appropriate public education (FAPE), including following Section 504 plans and Individualized Education Programs (IEPS).

Academic strengths and/or weaknesses? \_\_\_\_\_

### Mother's Information (or Legal Guardian)

### Father's Information (or Legal Guardian)

Name: Ms. or Mrs. \_\_\_\_\_ Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City & Zip \_\_\_\_\_ City & Zip \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_

### Others Authorized to pick up student (other than parent/guardian):

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

# Tri-City College Prep

## STUDENT HEALTH HISTORY

Students Name \_\_\_\_\_

Please indicate whether your child has ever had or now has any of the following conditions:

	Yes	No	Date		Yes	No	Date
Allergy (list below)				Joint Pain			
Anemia				Kidney Trouble			
Ankle injury				Knee Injury/Surgery			
Arthritis				Loss of Consciousness			
Asthma				Menstrual Cramps			
Back Pain				Migraine Headaches			
Concussion				Mononucleosis			
Diabetes				Neck injury			
Eczema				Rheumatic Fever			
Elbow Injury				Scoliosis			
Emotional Problems				Spine Injury			
Epilepsy (seizures)				Sinus Trouble			
Fainting				Sore Throat (chronic)			
Fractures				Sprains/Dislocations			
Hearing Trouble				Tuberculosis			
Heart Condition (explain below)				Valley Fever			
Hepatitis				Visions Issues			
Hernia (rupture)				Wrist Injury			
High Blood Pressure				Other			

Explanation of above: \_\_\_\_\_

Any problems other than listed? \_\_\_\_\_

Allergy \_\_\_\_\_ What type of reaction? \_\_\_\_\_

Allergy \_\_\_\_\_ What type of reaction? \_\_\_\_\_

Any serious injury/accident? \_\_\_\_\_

Any physical restrictions? \_\_\_\_\_

Doctor's Request(s): \_\_\_\_\_

Any surgery? \_\_\_\_\_

Is applicant taking medication? Yes No If so, what? \_\_\_\_\_

**TCP is a drug free zone. The drug free zone includes any and all off campus school activities and after school programs.**

**In the event we are unable to reach parents or a person listed as an emergency contact and a doctor's care is deemed necessary, the student will be taken to the emergency room at Yavapai Regional Medical Center or to the family doctor for emergency care. Fees incurred will not be the responsibility of the school.**

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

# Tri-City College Prep Family/Custody Information

**Child is living with :**

Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

**Marital Status of Parents:**

Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**Legal Custody:**

Joint \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_ State \_\_\_\_\_ Other \_\_\_\_\_

**Are there any legal restrictions?**

Yes \_\_\_\_ No \_\_\_\_ Do you have a court order? Yes \_\_\_\_ No \_\_\_\_

Please include any Educational Orders or custody paperwork.

Please note any special family circumstances you think would be helpful for us to understand in working with your child (adoption, family member illness, parenting arrangements, etc.):

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

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

# Tri-City College Prep

## STUDENT / PARENT SIGNATURE PAGE

**Student Name** \_\_\_\_\_

The **Student Handbook** describes important information about TCP. I understand that I should consult the Principal regarding any questions not answered in the handbook.

**You may download a copy of the student handbook from the school website ([www.tricityprep.org](http://www.tricityprep.org)).**

Since the information and policies described are subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices and I understand that revised information may supersede, modify or eliminate existing policies.

**I understand that it is my responsibility to read and comply with the policies contained in the student handbook and any revisions made to it. I have read and understand the policies. Please initial the areas below and return this page to the office. Thank you.**

### Student / Parent(Both Must Initial)

- |       |       |  |
|-------|-------|--|
| _____ | _____ | Administering Medicines to Students              |
| _____ | _____ | Approved School Attire                           |
| _____ | _____ | Attendance Policy                                |
| _____ | _____ | Student Safety – Weapons Including Pocket Knives |
| _____ | _____ | Right to Search                                  |
| _____ | _____ | Drug Free Zone                                   |
| _____ | _____ | Computer/Internet Policy/Agreement               |
| _____ | _____ | Cell Phone Restrictions                          |
| _____ | _____ | Plagiarism Policy                                |
| _____ | _____ | Student Contact & Photo Release                  |
| _____ | _____ | All Other Policies in Handbook                   |

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

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

**Signature Student** \_\_\_\_\_ **Date** \_\_\_\_\_

## Tri-City College Prep

### ENROLLMENT CHECKLIST

In order to comply with State and Federal regulations and programs, the TCP Board of Education is requiring documentation as applicable.

Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

- ◇ Registration Enrollment packet filled out in its entirety
- ◇ Home Language Survey (PHLOTE)
- ◇ \*E-Rate Household Survey
- ◇ Student/Parent Signature Page signed & initialed by both student and guardian agreeing to follow the student handbook guidelines & school policies
- ◇ Immunization/Vaccinations or Exemption form up-to-date
- ◇ \*\*Proof of Age (i.e. Birth Certificate, Passport, Baptismal Certificate, etc.)
- ◇ Proof of guardianship (i.e. education orders, court documents, custody papers, etc.)
- ◇ Proof of Arizona residency (ie. Driver's license, tax bill, utility bill) **including** McKinney-Vento Eligibility Questionnaire
- ◇ Emergency Medical Consent Form (half sheet)
- ◇ Withdrawal form from previous district or charter high/middle school (if applicable)
- ◇ \*Disclosure of Special Education
- ◇ \*Disclosure of 504 Plan
- ◇ \*Transcripts are requested for any transferring student who needs credit for courses already taken for streamlining attendance and correct course placement.

Failure to complete items on the above checklist may result in your child's registration enrollment package not being accepted as complete, restricting attendance and/or creating delays in continuation of services.

\*Not required but preferred—does not effect enrollment status.

\*\*In accordance with ARS 15-828(A), parents/guardians have 30 days to submit proof of age documents once a student is enrolled.



## 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 _____	
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)



**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

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
- \_\_\_ Valid U.S. passport
- \_\_\_ 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

**OFFICE USE ONLY:**

**Document Expiration Date:** \_\_\_\_\_

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

The E-rate program is a Federal program which provides schools and libraries across the country with substantial discounts on their technology services. These discounts reduce the costs of our telephone service, Internet access, and the internal connections we use to build and maintain the computer networks that link our classrooms. The size of the discounts which we receive is based the income level of our student's families.

We need your help qualifying for the largest discount allowable by providing us with some very general information. **This information will remain confidential and will be reported only as a total group, not by individual families, and will not be used for any purpose other than E-rate.**

Thank You!

**E-Rate Family Survey**

Please complete and return the survey below. It is important that you return this form to us even if your income does not meet any of these criteria in order for the survey to be considered a valid measure.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I. Please attempt to answer the questions listed below. Skip any questions you don't know the answer to.

Circle the number of people in your family on the chart below, including all children:

Family Size (circle one)	Annual Income	Monthly Income	Weekly Income
1	\$ 25,142	\$ 2,096	\$ 484
2	\$ 33,874	\$ 2,823	\$ 652
3	\$ 42,606	\$ 3,551	\$ 820
4	\$ 51,338	\$ 4,279	\$ 988
5	\$ 60,070	\$ 5,006	\$ 1,156
6	\$ 68,802	\$ 5,734	\$ 1,324
7	\$ 77,534	\$ 6,462	\$ 1,492
8	\$ 86,266	\$ 7,189	\$ 1,659
For each additional family member add	+ \$ 8,732	+ \$ 728	+ \$ 168



Is your family's income equal to or less than any of the amounts listed next to the number you circled? Yes \_\_\_\_\_ No \_\_\_\_\_

Are your children eligible for the NSLP (National School Lunch Program) which provides free or reduced lunches, breakfasts, snacks or milk at their school(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your family eligible for food stamps? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your family eligible for medical assistance under Medicaid? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your family receive Supplementary Security Income (SSI)? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your family receive housing assistance (section 8)? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your family receive home energy assistance (LIHEAP)? Yes \_\_\_\_\_ No \_\_\_\_\_

II. To validate this survey, please list the names of all school children living in your home, including which school they attend.

Name of Child	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Tri-City College Prep  
5522 Side Road  
Prescott, AZ 86301  
Phone: (928) 777-0403  
Fax: (928) 777-0402  
Web Address: [www.tricityprep.org](http://www.tricityprep.org)

### McKinney-Vento Eligibility Questionnaire

Student Name \_\_\_\_\_

Last

First

Middle

Date of Birth \_\_\_\_\_

Month/Day/Year

Grade

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help to determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes \_\_\_\_ No \_\_\_\_
2. If temporary, is this living arrangement due to loss of housing or economic hardship? Yes \_\_\_\_ No \_\_\_\_

If you answered YES to question 1 and 2, please complete the remainder of the form.

If you answered NO to either question 1 or 2, please sign and date at the bottom.

Where is the student presently living? (Check one)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- In a place not ordinarily used for sleeping (car, park, etc.)

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

How may we contact you?

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

How long have you been at current address/location? \_\_\_\_\_

Is the nighttime residence different? Yes \_\_\_\_ No \_\_\_\_ If "Yes", please provide the address:

\_\_\_\_\_  
Address/City/State/Zip

Would you like to be contacted regarding eligibility for transportation under McKinney-Vento? Yes \_\_\_\_ No \_\_\_\_

By signing, I attest this information is true and accurate.

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

(School Personnel Who Enrolled This Student—Please Print Name)

**Tri-City College Prep**  
**5522 Side Rd. Prescott, AZ 86301 928.777.0403**  
**EMERGENCY MEDICAL CONSENT FORM**

DATE	STUDENT'S NAME	DATE OF BIRTH	Grade
Mother _____	Father _____		
Address _____	Address _____		
City/State/Zip _____	City/State/Zip _____		
Cell Phone _____	Cell Phone _____		
Home Phone _____	Home Phone _____		
Work Phone _____	Work Phone _____		
Email _____	Email _____		

Doctor's Name & Phone Number \_\_\_\_\_ Insurance Co. \_\_\_\_\_

<u>EMERGENCY CONTACT</u> Who can care for your child if you are not available?	<u>MEDICAL HISTORY</u>
Name _____ Phone _____	Allergies _____
Relationship _____	_____
Name _____ Phone _____	Medical problems _____
Relationship _____	_____

**Permission to administer the following:** \_\_\_\_\_  
 Tylenol Y N    Ibuprofen Y N    Benadryl Y N    Tums Y N    Current Medications \_\_\_\_\_

The undersigned parent/guardian, having legal custody or control of minor, GRANTS PERMISSION for any emergency treatment and hospital services that may be rendered to said minor under the general specific direction of Dr. \_\_\_\_\_, phone \_\_\_\_\_ or any hospital emergency department physician.