

Triumphant Learning Center: **REGISTRATION & EMERGENCY INFORMATION**

School Year: 2026/2027	*Student's Last Name:	*First Name:	Middle Initial:
Expected Grade for 26/27	*Birthdate	Birthplace (City, State):	Sex:
Address: City: State: Zip Code:			I (the parent/guardian) affirm that I am an Arizona Resident: ☐ Yes ☐ No
Mailing Address (if different than above): City: State: Zip Code:			Home Phone: ☐ Check if unlisted
Name and Phone number of Last School Attended:			Custody Issues: ☐ Yes ☐ No IF YES - PLEASE PROVIDE COURT DOCUMENTS TO SCHOOL OFFICE

Please either upload a digital copy of the following documents with enrollment or bring the documents to our office to make copies. Pursuant to A.R.S. 15-828

1. An address is not required to be placed on the waiting list. Proof of residency must be provided at time of enrollment: Valid Arizona driver's license, Arizona identification card or motor vehicle registration, etc.

2. Immunization Form - Immunization documentation is required prior to the first day of attendance, or a signed waiver of immunization is on file.

3. Proof of Age and Identity - required within 30 days of enrollment

At the time of enrollment, parents will receive written notice that within 30 days they must submit one of the following documents: A certified copy of the student's birth certificate; or Other reliable proof of the student's identity, including a baptismal certificate, an application for a social security number, or original school registration records.

If a student is in the custody of the Department of Child Safety ("DCS"), a letter from the authorized representative of the agency certifying that the student has been legally placed in custody of the agency. Charter schools must carefully safeguard and maintain confidentiality regarding the status of children in DCS custody.

*Parent/ Guardian Primary Residence ☐ Yes ☐ No	Gender: ☐ Male ☐ Female	Relationship (check one): ☐ Parent ☐ Step Parent ☐ Grandparent ☐ Foster Parent ☐ Guardian ☐ Other:	
	Name:	Cell Phone ☐ Primary Contact	Send text message ☐ Yes ☐ No
	Email		
	Employer:	Work Phone ☐ Primary Contact	Contact this person ☐ 1st ☐ 2nd ☐ 3rd

Parent/ Guardian Primary Residence ☐ Yes ☐ No	Gender: ☐ Male ☐ Female	Relationship (check one): ☐ Parent ☐ Step Parent ☐ Grandparent ☐ Foster Parent ☐ Guardian ☐ Other:	
	Name:	Cell Phone ☐ Primary Contact	Send text message ☐ Yes ☐ No
	Email		
	Employer:	Work Phone ☐ Primary Contact	Contact this person ☐ 1st ☐ 2nd ☐ 3rd

Parent/ Guardian Primary Residence ☐ Yes ☐ No	Gender: ☐ Male ☐ Female	Relationship (check one): ☐ Parent ☐ Step Parent ☐ Grandparent ☐ Foster Parent ☐ Guardian ☐ Other:	
	Name:	Cell Phone ☐ Primary Contact	Send text message ☐ Yes ☐ No
	Email		
	Employer:	Work Phone ☐ Primary Contact	Contact this person ☐ 1st ☐ 2nd ☐ 3rd

EMERGENCY CONTACT

*If my child needs to be sent home and I am unavailable, I authorize the following persons to take temporary responsibility for my child.

Name of Local Friend or Relative	Relationship:	Home Phone:	Work Phone:	Cell phone:
Physician:		Phone:		

OPTIONAL: This information is intended to provide continuity of services and is NOT required for enrollment.

Has this student ever received special education services? ☐ Yes ☐ No If yes, is there a current IEP for this student? ☐ Yes ☐ No

Has this student ever received any of the following services ☐ ELL/ESL ☐ Gifted/ELP ☐ 504 Plan ☐ Title I

Has this student ever been held back or has it ever been suggested that this student be held back? ☐ Yes ☐ No If yes, please describe:

OPTIONAL: Not required for enrollment

Ethnicity: (check one) ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race (check one or more, regardless of ethnicity)

- ☐ White
☐ American Indian/Alaskan Native
☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander
☐ Asian

What is the primary language spoken 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? _____

I affirm all Registration & Emergency Information on this form is accurate and I have read and understand the information provided to me regarding Student Health Conditions.

Signature Parent/Guardian _____ Date _____

Military Student Identifier

More than 90% of school-age military-connected students in kindergarten through grade twelve are in public schools. For the first time in the history of our Nation, the military-connected student is recognized in education policy.

The Every Student Succeeds Act (ESSA) includes a requirement that districts identify any military-connected children enrolled in their schools.

Military-connected children are defined as those with a parent or guardian who is a member of the Armed Forces on active duty. Please indicate below if your child has a parent/guardian who is on **active full-time military duty** in the Army, Navy, AirForce, Marine Corp, or Coast Guard including full-time National Guard or Reserve duty.

Child's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

☐ Yes, my child has a parent/guardian on active full-time duty.

***Pursuant to A.R.S 15-184(A) The only information that is required on this form is the students first name, last name, date of birth and the parent contact information.**

OFFICE USE ONLY	Perm ID#:	Entry Date:
State ID:	Proof of Residency ☐ Immunizations ☐ Birth Verification ☐ Affidavit ☐	

DATE POSITION OFFERED: _____ DATE POSITION ACCEPTED: _____